


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90007 045 ***150.00

DOCUMENT # P01000049269					
1. Entity Name RYANNES, INC.					
Principal Place of Business 5565 WHISPERING WOODS DR PACE, FL 32571			Mailing Address 5565 WHISPERING WOODS DR PACE, FL 32571		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3718971	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGHSTREET, ANNE 5565 WHISPERING WOODS DR PACE, FL 32571			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGHSTREET, ANNE 5565 WHISPERING WOODS DR PACE, FL 32571 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

Attachmat
2/10/04
BROWN, KIRKLAND & CAMPBELL, P.A.

Certified Public Accountants

7100 PLANTATION ROAD, SUITE 18
PENSACOLA, FLORIDA 32504
(850) 474-1536 / FAX (850) 484-7935

JERRY T. KIRKLAND
PAUL M. CAMPBELL

MICHAEL P. CAMPBELL
BERTON L. BROWN
(1935-1993)

August 17, 2004

*Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314*

*Re: Ryannes, Inc.
Document No. P01000049269*

Good Day:

Please forgive the lateness of the filing of this Annual Report. The company did not receive the original postcard notification. Please accept the payment enclosed and waive all penalties.

Thank you.

Sincerely,

Michael P. Campbell
Michael P. Campbell, C.P.A.

MPC/sb

encls.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 20, 2004

RYANNES, INC.
5565 WHISPERING WOODS DR
PACE, FL 32571

SUBJECT: RYANNES, INC.
Ref. Number: P01000049269

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap
Document Specialist

Letter Number: 804A00045972