2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000073592



FILED Jan 24, 2008 8:00 am Secretary of State

1. Entity Name RYERSON'S ELECTRICAL SERVICE, INC.					01-24-2008 90027 017 ***150.00				
Principal Place of Business 116 CIRCLE DRIVE PANAMA CITY BEACH, FL 32413		Mailing Address 116 CIRCLE DRIVE PANAMA CITY BEACH, FL 32413							
			r Place	~ - 					
Suite, Apt. #, etc. Suite, Apt. #, etc.			1	01152008	Chg-P	CR2E034 (1	2/06)		
Parama City Boh, FL Panama City Buh,			ch, FC	4. FEI Number 59-373				plied For Applicable	
			Country USA	5. Certificate	of Status Desired		75 Addi Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
RYERSON, JAMES W 116 CIRCLE DRIVE PANAMA CITY BEACH, FL 32413				Street Address (P.O. Box Number is Not Acceptable)					
			City	• "		FL 2	ip 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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent asgnature required when reinstating) DATE									
FILL	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		\$5.00 May Be Added to Fees						
10.	OFFICERS AND D		11.	ADDITIONS/	CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYERSON, JAMES W 116 CIRCLE DRIVE PANAMA CITY BEACH, FL 32413	☐ Delete	NAME STREET ADDRESS CITY-S1-ZIP			U	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYERSON, MARY J 116 CIRCLE DRIVE PANAMA CITY BEACH, FL 32413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	774040101711111111111111111111111111111	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			D	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.									