

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90055 025 \*\*\*150.00

**DOCUMENT # P01000114559**

1. Entity Name

RUTH PRITCHARD RYAN, P.A.



Principal Place of Business

1870 WALKER AVE  
WINTER PARK FL 32789-3981

Mailing Address

1870 WALKER AVE  
WINTER PARK FL 32789-3981

34003426

2. Principal Place of Business

4736 Anson Lane

3. Mailing Address

4736 Anson Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3753481

Applied For

Not Applicable

Zip

Country

32814

USA

Zip

Country

32814

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RYAN, ANDREW  
1870 WALKER AVE  
WINTER PARK FL 32789-3981

7. Name and Address of New Registered Agent

Name Andrew Ryan

Street Address (P.O. Box Number is Not Acceptable)

4736 Anson Lane

City Orlando

FL

Zip Code 32814

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 signature required when reinstating)

DATE

2/17/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete  
NAME RYAN, RUTH P  
STREET ADDRESS 1870 WALKER AVE  
CITY-ST-ZIP WINTER PARK FL 32789-3981

TITLE D ☐ Delete  
NAME RYAN, RUTH P  
STREET ADDRESS 1870 WALKER AVE  
CITY-ST-ZIP WINTER PARK FL 32789-3981

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 4736 Anson Lane  
CITY-ST-ZIP Orlando, FL 32814  
Address Change Only

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 4736 Anson Lane  
CITY-ST-ZIP Orlando, FL 32814  
Address Change

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2-7-2004

Date

407-897-7315

Daytime Phone #