

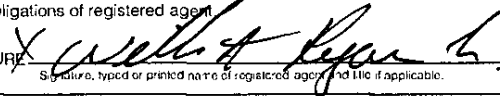
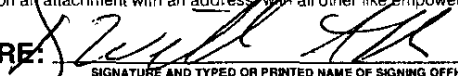


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90033 045 ***150.00

DOCUMENT # P02000019213 1. Entity Name RYAN'S MAINTENANCE, INC.					
Principal Place of Business 12517 HOBSON SIMMONS ROAD LITHIA, FL 33547			Mailing Address 12517 HOBSON SIMMONS ROAD LITHIA, FL 33547 11917 SUGARBERRY DR RIV. FL 33569		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 11917 Sugarberry DR Suite, Apt. #, etc. Riverview FL City & State 33569			
Country USA		4. FEI Number 02-0553525		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GROTHEER, DEBORAH 7035 US HIGHWAY 301 SOUTH RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name William A Ryan, JR Street Address (P.O. Box Number is Not Acceptable) 12517 Hobson Simmons Road City Lithia FL Zip Code 33547		
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:  William A. Ryan, JR DATE: 3/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PD RYAN, WILLIAM A JR. 12517 HOBSON SIMMONS ROAD LITHIA, FL 33547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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:  William A Ryan Jr.				813-245-9367	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	