

FILED**May 03, 2004 08:00 AM**
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000034195	
1. Entity Name RYCO, INC.	

Principal Place of Business 4900 NW 15 ST BAY 4472 MARGATE, FL 33063	Mailing Address 4900 NW 15 ST BAY 4472 MARGATE, FL 33063
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U00000146740
05/03/04-80077-015 150.00

04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE	
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4. FEI Number 36-4493459	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANARICK, BERNARD D 4860 NW 15 ST. MACCLENNEY, FL 32063	DO NOT WRITE IN THIS SPACE
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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 resigning)

DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASELLA, STEVEN 4900 NW 96 AVE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CASELLA, NADINE 4900 NW 96 AVE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/29/04

Date

Telephone # _____