


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

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	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent CANARICK, BERNARD D 4860 NW 15 ST. MACCLENNY, FL 32063		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%; text-align: right;"> DATE _____ </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	CASELLA, STEVEN	
STREET ADDRESS	4900 NW 96 AVE	
CITY - ST - ZIP	SUNRISE, FL 33351	
TITLE	VPS	
NAME	CASELLA, NADINE	
STREET ADDRESS	4900 NW 96 AVE	
CITY - ST - ZIP	SUNRISE, FL 33351	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing 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.		
SIGNATURE: <u>Nadine Casella</u> 4/18/06 (954) 979-8418 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01052006 No Chg-P CRZE034 (11/05)

4. FEI Number 36-4493459	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/04/06-80101-003 150.00

**DO NOT WRITE
IN THIS SPACE**