

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 001 ***150.00

DOCUMENT # P02000046944

1. Entity Name

THE MICHAEL RYAN GROUP INC.



Principal Place of Business

11343 NW 15H COURT
PEMBROKE PINES, FL 33026

Mailing Address

11343 NW 15H COURT
PEMBROKE PINES, FL 33026

94063400



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0437492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, MICHAEL RYAN
11343 NW 15H COURT
PEMBROKE PINES, FL 33026

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D, President
NAME	JOHNSON, MICHAEL RYAN Sr.
STREET ADDRESS	11343 NW 15H COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	Vice President
NAME	Johnson, Michael Ryan Jr.
STREET ADDRESS	11343 NW 15 COURT
CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	Treasurer
NAME	RACHEL P JOHNSON
STREET ADDRESS	11343 NW 15 COURT
CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	Secretary
NAME	Lisa C. JOHNSON
STREET ADDRESS	11343 NW 15 COURT
CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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

Date

Daytime Phone #

04-22-04 954 704 1055