


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P02000064400 |  |
| 1. Entity Name GAYLE J. RYBA, P.A. | |

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|---|---|
| Principal Place of Business 224 E. INTENDENCIA STREET PENSACOLA, FL 32501 | Mailing Address 224 E. INTENDENCIA STREET PENSACOLA, FL 32501 |
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 01-0740291 | 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

RYBA, GAYLE J
224 E. INTENDENCIA STREET
PENSACOLA, FL 32501

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RYBA, GAYLE J 224 E. INTENDENCIA CIR PENSACOLA, FL 32501 |
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02/22/07-80026-004 150.00

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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: Gayle J Ryba Gayle J. Ryba 2/12/07 850-434-9299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #