


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90454 036 ***150.00

DOCUMENT # P02000083363	
1. Entity Name RYAN J. SOAVE, INC.	

Principal Place of Business 12761 HWY 98 W STE 217-5 DESTIN, FL 32541	Mailing Address 12761 HWY 98 W STE 217-5 DESTIN, FL 32541
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14016921

2. Principal Place of Business <u>39 Logan Lane</u> Suite, Apt. #, etc. <u>Suite 7</u> City & State <u>Santa Rosa Beach, FL</u> Zip <u>32459</u> Country <u>Walton</u>	3. Mailing Address <u>39 Logan Lane</u> Suite, Apt. #, etc. <u>Suite 7</u> City & State <u>Santa Rosa Beach</u> Zip <u>32459</u> Country <u>Walton</u>
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04282004 Chg-P CR2E034 (10/03)

4. FEI Number 47-0881212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOAVE, RYAN J 12671- HWY 98 W STE 217-5 DESTIN, FL 32541	7. Name and Address of New Registered Agent Name <u>RYAN J. Soave</u> Street Address (P.O. Box Number is Not Acceptable) <u>39 Logan Lane</u> <u>Suite 7</u> City <u>Santa Rosa Beach FL</u> FL Zip Code <u>32459</u>
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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] (NOTE: Registered Agent signature required when reinstating) DATE: 04/28/04

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOAVE, RYAN J 12674 HWY 98 W STE 217-5 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Soave, RYAN J</u> <u>39 Logan Lane Suite 7</u> <u>Santa Rosa Beach FL 32459</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 04/28/04 Daytime Phone #