

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-15-2004 90023 049 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000015659			
1. Entity Name RYAN ROLL ARTISTIC FINISHES, INC.			
Principal Place of Business 1961 LYONS ROAD 308 COCONUT CREEK FL 33063		Mailing Address 1961 LYONS ROAD 308 COCONUT CREEK FL 33063	
2. Principal Place of Business 1841 LYONS Rd #304 Suite, Apt. #, etc. 304		3. Mailing Address 1841 LYONS Rd # 304 Suite, Apt. #, etc. 304	
City & State Coconut Creek FL		City & State Coconut Creek FL	
4. FEI Number 32-0059135		Applied For Not Applicable	
Zip 33063		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROLL, RYAN D 1961 LYONS ROAD 308 COCONUT CREEK FL 33063		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROLL, RYAN D 1961 LYONS ROAD # 308 COCONUT CREEK FL 33063 <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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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: <u>Ryan D. Roll</u> RYAN D ROLL		Date: 1-21-04 Daytime Phone #: 954-540-5575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	