

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90033 021 ***158.75



DOCUMENT # P03000015659

1. Entity Name

RYAN ROLL ARTISTIC FINISHES, INC.

Principal Place of Business

1841 LYONS ROAD
 # 304
 COCONUT CREEK FL 33063

Mailing Address

1841 LYONS ROAD
 # 304
 COCONUT CREEK FL 33063

2. Principal Place of Business

300 NW 43 AVE

Suite, Apt. #, etc.

3. Mailing Address

300 NW 43 AVE

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

32-0059135

Applied For

Not Applicable

Zip 33066

Country U.S.

Zip 33066

Country U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLL, RYAN D
 1841 LYONS RD # 304
 308
 COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name RYAN D. ROLL

Street Address (P.O. Box Number is Not Acceptable)
 300 NW 43 AVE

City Coconut Creek

FL

Zip Code 33066

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

Ryan D. Roll

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-3-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROLL, RYAN D	
STREET ADDRESS	1841 LYONS RD # 304	
CITY-ST-ZIP	COCONUT CREEK FL 33063	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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:

Ryan D. Roll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

Date

Daytime Phone #