## 2004 FOR PROFIT CURPORATION ANNUAL REPORT

## May 06, 2004 8:00 am **DOCUMENT # P03000084908** Secretary of State 1. Entity Name O-RYAN LIMITED, INC. 05-06-2004 90163 050 \*\*\*150 00 Principal Place of Business Mailing Address 2514 PELICAN DR 2514 PFLICAN DR SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business 3. Mailing Address 4420 GREENOOD 4420 GREENWOOD Suite, Apt, #, etc. Suite: Apt. #, etc 03292004 Chg-P -CR2E034 (10/03) RoadStables City & State 4. FEI Number Applied For City & State FL DARASOTA 32-008747 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 4 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDDOM85 OJOLICK-RYAN, EVA J Street Address (P.O. Box Number is Not Acceptable) 2514 PELICAN DR SARASOTA, FL 34237 4420 GREENWOOD 8. The above named entity submits this statement for the surpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE rice Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRESIDENT TITLE Change . ☐ Addition ΠΠF ☐ Delete OJOLICK- RYAN, EVA J. 4420 GREENWOOD STABLES ROAD NAME OJOLICK-RYAN, EVA J NAME 2514 PELICAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP SARASOTA FL 34235 Change ☐ Delete TILE ☐ Addition TITLE RYAN, ANDRES T. RYAN, ANDRES T NAME NAME 4420 GREENWOOD STABLES RD 2514 PELICAN DR STREET ADDRESS STREET ADDRESS 34235 CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP SARASOTA TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ΠŢΕ TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TILE Change | ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITI E TIT) É Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 activess, with all other like empowered. SIGNATURE:

FILED