

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000115413

1. Entity Name

RYAN GOURLEY, INC.



FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90050 035 ***158.75



MOORE CR2E034 (11/03)

Principal Place of Business		Mailing Address	
2845 NW 99TH TERRACE SUNRISE FL 33322 US		2845 NW 99TH TERRACE SUNRISE FL 33322 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<p>GORLEY, RYAN 2845 NW 99TH TERRACE SUNRISE FL 33322</p>			
7. Name and Address of New Registered Agent			
<p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City _____</p>			
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE P NAME GOURLEY, RYAN STREET ADDRESS 2845 NW 99TH TERRACE CITY-ST-ZIP SUNRISE FL 33322</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04 (954)661-7560
Date Daytime Phone #