

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2005 8:00 am
Secretary of State

DOCUMENT # P04000125737

1. Entity Name
RYDAN GROUP INC.



08-08-2005 90051 001 ****75.00
08-08-2005 90051 002 ****75.00

Principal Place of Business
1916 DE HOYOS PLACE
THE VILLAGES FL 32159
US

Mailing Address
1916 DE HOYOS PLACE
THE VILLAGES FL 32159
US

00000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
429 RIDGE RD

Suite, Apt. #, etc.
429 RIDGE RD

2nd MOORE

CR2E034 (5/05)

City & State
FERN PARK FL

City & State
FERN PARK, FL

4. FEI Number
20-1833474

Applied For
Not Applicable

Zip
32730

Country
SEMINOLE

Zip
32730

Country
SEMINOLE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBER, JAMES D
1916 DE HOYOS PLACE
THE VILLAGES FL 32159

Name

Street Address (P.O. Box Number is Not Acceptable)

429 RIDGE ROAD

City FERN PARK

FL

Zip Code 32730

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

James D. Huber

Signature, type full name and title of agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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
PRES
HUBER, JAMES D
1916 DE HOYOS PLACE
THE VILLAGES FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
429 RIDGE RD
FERN PARK, FL 32730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HUBER, JAMES C
1916 DE HOYOS PLACE
THE VILLAGES FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
429 RIDGE RD
FERN PARK, FL 32730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HUBER, PETER H
1916 DE HOYOS PLACE
THE VILLAGES FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
429 RIDGE ROAD
FERN PARK, FL 32730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECR
HUBER, SUSAN P
1916 DE HOYOS PLACE
THE VILLAGES FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
429 RIDGE ROAD
FERN PARK, FL 32730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8.2.05

407-339-0668