

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90184 050 ***150.00

DOCUMENT # P05000020706 1. Entity Name RYCOV PROPERTIES, INC.					
Principal Place of Business P.O. BOX 27 PENSACOLA, FL 32591-0027			Mailing Address P.O. BOX 27 PENSACOLA, FL 32591-0027		
2. Principal Place of Business - No P.O. Box # 224 E. Intendencia St		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola, FL		City & State		4. FEI Number 30-0296518	
Zip 32502 Country U.S.A		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYBA, GAYLE J 224 E. INTENDENCIA STREET PENSACOLA, FL 32502			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	P RYBA, GAYLE J 224 E. INTENDENCIA STREET PENSACOLA, FL 32502	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COVERT, ARDIS R 1658 NARROW ROAD JAY, FL 32565	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYBA, GAYLE J 224 E. INTENDENCIA STREET PENSACOLA, FL 32502	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COVERT, ARDIS R 1658 NARROW ROAD JAY, FL 32565	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Gayle J. Ryba</u> Gayle J. Ryba <u>4/17/07</u> <u>850-982-6504</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

