

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046266

Entity Name: RYAN COURSON, PA

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

12289 AMANDA COVE TRAIL
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

4954 TOPROYAL LANE
JACKSONVILLE, FL 32277 US

Current Mailing Address:

12289 AMANDA COVE TRAIL
JACKSONVILLE, FL 32225 US

New Mailing Address:

4954 TOPROYAL LANE
JACKSONVILLE, FL 32277 US

FEI Number: 20-2587052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COURSON, RYAN
12289 AMANDA COVE TRAIL
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

COURSON, RYAN
4954 TOPROYAL LANE
JACKSONVILLE, FL 32277 US

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.

SIGNATURE: RYAN COURSON

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: COURSON, RYAN
Address: 12289 AMANDA COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COURSON, RYAN
Address: 4954 TOPROYAL LANE
City-St-Zip: JACKSONVILLE, FL 32277 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYAN COURSON

PRES

04/21/2006

Electronic Signature of Signing Officer or Director

Date