


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000161676	
1. Entity Name RYAN SUTER ENTERPRISES, INC.	

Principal Place of Business 2404 CARAMBOLA LANE ST JAMES CITY, FL 33956	Mailing Address 2404 CARAMBOLA LANE ST JAMES CITY, FL 33956
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3814973	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTER, RYAN P
2404 CARAMBOLA LANE
ST JAMES CITY, FL 33956

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUTER, RYAN P 2404 CARAMBOLA LANE ST JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SUTER, BOB 4332 MCCONNELL ST MADISON, WI 53711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/30/08-80016-023 158.75

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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:  **1-14-08** **615-430-9246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #