

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90065 034 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000002334					
1. Entity Name RYAN'S CONSTRUCTION SERVICES INC.					
Principal Place of Business 4114 S.W. 72ND DR. PALM CITY, FL 34990 US			Mailing Address 4114 S.W. 72ND DR. PALM CITY, FL 34990 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 20-4041012				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEAVER, RYAN W 4114 SW 72ND DR. PALM CITY, FL 34990					
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 _____ Signature, typed or printed name of registered agent and state is acceptable. (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	WEAVER, RYAN W				
STREET ADDRESS	4114 SW 72ND DR.				
CITY-STATE-ZIP	PALM CITY, FL 34990				
TITLE	VP	☐ Delete			
NAME	WEAVER, DEBORAH L				
STREET ADDRESS	4114 SW 72ND DR.				
CITY-STATE-ZIP	PALM CITY, FL 34990				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
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TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
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 empowerment.					
SIGNATURE: <u><i>Ryan Weaver</i></u> 2-5-2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					