2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90166 028 ***150.00 DOCUMENT # P06000026303 1. Entity Name RYE CONSTRUCTION COMPANY, INC.

			<u> </u>	OM.						
Principal Plac	ce of Business	Mailing Address	ldress			9497				
3817 NW 28 Gainesville	RTH TERRACE E, FL 32605		3817 NW 28TH TERRACE GAINESVILLE, FL 32605							
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E0	34 (12/06)		
City & Stat	le .	City & State	City & State			6478	5	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		·	of Status Desired	П ;	\$8.75 Add	ditional	
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and	Address of New				
			١	Vame	-					
RYE, JERRY L 3817 NW 28TH TERRACE GAINESVILLE, FL 32605				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	ө	
8. The above the obligat	named entity submits this statement tions of registered agent.	or the purpose of changing it	ts registered o	office or regist	tered agent, or bott	n, in the State of F	lorida. I am f	amiliar with,	and accept	
SIGNATURE.	Signature, typed or printed harde of registered ager	t and title if applicable. (NO	OTE: Registered Ag	gent signature requi	red when reinstating)		DATE	··		
After Ma	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550		•	ng \$. □ Ad	5.00 May Be dded to Fees			. 1		
10.	OFFICERS AND		11.	. ,	ADDITIONS/	CHANGES TO OF	FICERS AND			
1ITLE NAME	PSTD RYE, JERRY L	☐ Delete	TITLE NAME					☐ Change	Addition	
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CITY-ST-ZIP				-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
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NAME		LEI DOIGIO	NAME					onanga	L. Macidon	
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NAME			NAME					-		
STREET ADDRESS			STREET A							
CITY+SI-ZIP			CITY-ST-							
	certify that the information supplied will on this report or supplemental report roration or the receiver or trustee empty, or on an attachment with an address,			otions containe shall have the by Chapter 6	ed in Chapter 119, e same legal effect 07, Florida Statutes	Horida Statutes. as if made under s; and that my nan	I further certi oath; that I a ne appears in	y that the ir n an officer Block 10 or	ntormation or director Block 11 if	

Daytime Phone #

2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P06000026303 1. Entity Name RYE CONSTRUCTION COMPANY, INC. Principal Place of Business 3817 NW 28TH TERRACE GAINESVILLE FL 32605 Mailing Address 3817 NW 28TH TERRACE GAINESVILLE FL 32605						ATTACHMENT 40059497						
Principal Place of Business - No P.O. Box # 3. Mailing Address												
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/06)					
City & State			City &	City & State			4. FEI Numb	ber			oplied For	
Zip		Country	Zip		Coun	try	5. Certificate	e of Status Desir	ed 🗌	\$8.75 Add	ditional	
	6. Name	and Address of Curre	nt Registered	Agent	'	7. Name and Address of New Registered Agent						
RYE, JERRY L 3817 NW 28TH TERRACE GAINESVILLE FL 32605						Street Address (P.O. Box Number is Not Acceptable)						
						City				Zip Cod		
8. The above	named entit	y submits this statement	for the purpos	se of changing its	registere	·	red agent or be	oth in the State of	Fi of Florida Lan	L '		
the obligat	tions of regist	ered agent.	•	3 3						, idilinici vitti,	and decept	
SIGNATURE	Signature, typed	or printed name of registered ago	ent and title i' applic.	able, (NOT	E Registered	a Agent signature require	C when reinstating)		ÉAIE			
After	May 1, 200	! FEE IS \$150.00 7 Fee Will Be \$550.0 Florida Department						9. Election Ca Trust Fund	ampaign Finan Contribution.		00 May Be	
10,	Leare	OFFICERS AN	ID DIRECTORS	6	11.		ADDITIONS	L S/CHANGES TO	OFFICERS AN	D DIRECTOR	S (N 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	Y L 28TH TERRACE LLE FL 32605		Delete		ı				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-7IP				☐ Delete						☐ Change	Addition	
INTE				☐ Delete	THLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-7IP				-		ET ADDRESS ST-ZIP						
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HITE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete						☐ Change	Addition	
ITILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-	ST-ZIP				☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Priorie #												