

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90041 021 \*\*\*150.00

DOCUMENT # P07000103451

1. Entity Name  
JEANNE RYAN PRODUCTIONS, INC.



Principal Place of Business  
357-3 PRESTWICK CIRCLE  
PALM BEACH GARDENS, FL 33418

Mailing Address  
357-3 PRESTWICK CIRCLE  
PALM BEACH GARDENS, FL 33418

2. Principal Place of Business - No P.O. Box #  
357-3 Prestwick Circle  
Suite, Apt. #, etc.

3. Mailing Address  
same  
Suite, Apt. #, etc.



04012008 Chg-P CR2E034 (12/06)

City & State  
Palm Beach Gardens, FL  
Zip  
33418  
Country  
USA

City & State  
Zip  
Country

4. FEI Number Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

RYAN, JEANNE  
357-3 PRESTWICK CIRCLE  
PALM BEACH GARDENS, FL 33418

## 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 *Jeanne R Ryan*

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/14/08

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTSD  
RYAN, JEANNE  
357-3 PRESTWICK CIRCLE  
PALM BEACH GARDENS, FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ 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:

*Jeanne R Ryan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/08

Daytime Phone #