

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000069094

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** RYANNE ENTERPRISES INC

**Current Principal Place of Business:**

5571 MARQUESAS CIRCLE  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

6321 PORTER ROAD  
SUITE 5  
SARASOTA, FL 34240 US

**Current Mailing Address:**

5571 MARQUESAS CIRCLE  
SARASOTA, FL 34233 US

**New Mailing Address:**

6321 PORTER ROAD  
SUITE 5  
SARASOTA, FL 34240 US

**FEI Number:** 27-0849777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRZYPKOWSKI, ROBERT  
5571 MARQUESAS CIRCLE  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

SKRZYPKOWSKI, ROBERT  
6321 PORTER ROAD  
SUITE 5  
SARASOTA, FL 34240 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:** ROBERT SKRZYPKOWSKI

01/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SKRZYPKOWSKI, ROBERT  
**Address:** 6321 PORTER ROAD  
**City-St-Zip:** SARASOTA, FL 34240 US

**Title:** VP  
**Name:** SKRZYPKOWSKI, SHARRON  
**Address:** 6321 PORTER ROAD  
**City-St-Zip:** SARASOTA, FL 34240 US

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT SKRZYPKOWSKI

P

01/25/2012

Electronic Signature of Signing Officer or Director

Date