


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000045714
1. Entity Name
RYAN/MICHAN, INC.



Principal Place of Business: P.O. BOX 1070, UMATILLA FL 32784
Mailing Address: P.O. BOX 1070, UMATILLA FL 32784

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt #, etc.

City & State: _____
Zip: _____ Country: _____



MOORE CR2E034 (11/03)

4. FEI Number: 59-3244101
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
RYAN, JOHN P
171 PAUL MCCLURE COURT
CASSELBERRY FL 32707

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE: D	NAME: RYAN, JOHN P	<input type="checkbox"/> Delete
STREET ADDRESS: 171 PAUL MCCLURE COURT	CITY-ST-ZIP: CASSELBERRY FL 32707	
TITLE: VP	NAME: RICHARD WATERS.	<input type="checkbox"/> Delete
STREET ADDRESS: P.O. BOX 1070 N/A	CITY-ST-ZIP: UMATILLA FL 32784	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John P. Ryan JOHN P. RYAN Date: 1-26-04 Daytime Phone #: (352) 664-7435