

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 11, 2008 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



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3244101 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

RYAN, JOHN P
171 PAUL MCCLURE COURT
CASSELBERRY, FL 32707

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 | D |
| NAME | RYAN, JOHN P |
| STREET ADDRESS | 171 PAUL MCCLURE COURT |
| CITY-ST-ZIP | CASSELBERRY, FL 32707 |

| | |
|----------------|--------------------|
| TITLE | VP |
| NAME | RICHARD WATERS, |
| STREET ADDRESS | P.O. BOX 1070 N/A |
| CITY-ST-ZIP | UMATILLA, FL 32784 |

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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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:

John P. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. RYAN 2/18/08 (352)662-7435
Date Daytime Phone #