2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000049071 1. Entity Name COTTER RYAN CONSTRUCTION, INC. Principal Place of Business Mailing Address

FILED Mar 01, 2004 08:00 AM Secretary of State



1220 DOUGLAS AVE

UNIT 107A

LONGWOOD, FL 32779 US

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UNIT 107A

LONGWOOD, FL 32779



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CR2E034 (10/03) 01202004 No Chg-P Applied For 4. FEI Number 59-3189733 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, SCOTT H MR 1220 DOUGLAS AVE **UNIT 107A** LONGWOOD, FL 32779

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| the obligations of registered agent. | | | | | | | |
|---|--|---|---------------------------------|---------------------------|--|--|--|
| SIGNATURE_ | Signature, typed or printed name of registered agent and trie | d applicable. (NCTE. Registered Agent signs | ture required when reinstaling) | DATE | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | U00000072748 | | | |
| 10. | OFFICERS AND DIREC | CTORS | | U3/U2/U4-80007-015 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-JP | PSTD RYAN, SCOTT H 5111 BRENWOOD STREET SANFORD, FL 32771 | - | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | | | | · | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WRITE | | | |
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| TITLE NAME 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)(i), 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 employeered 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. | | | | | | | |

IGNING OFFICER OR DIRECTOR

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