## ,2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2004 08:00 AM Secretary of State

1. Entity Name	OCUMENT # P93000077401 Entity Name RYAN'S AUTO PAINTING, INC.			Secretary of State		
Principal Place of Business . Mailing Address				190 . M		ىلىدى ئىلىدىدى ئايادىدى ئايىرىدى ئىلىدىدى ئىلىدىدى ئىلىدىدى ئىلىدىدى ئىلىدىدى ئىلىدىدى ئىلىدىدى ئىلىدىدى ئىلىد ئىلىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدى
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	6. Name and Address of Current Regis			<ol> <li>FEI Number</li> <li>59-3213</li> <li>Certificate of</li> </ol>		Applied For Not Applicable  \$8.75 Additional Fee Required
HULSEY, BRYAN 5430 LAKE BUFFUM RD LAKE WALES, FL 33853			and the second s	24 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOT WE HIS SPA	িটা,'বি'টাটা
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 little if applicable. (NOTE Registered Agent signature required when refinitating):  OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.0  Trust Fund Contribution.				.00 May Be ed to Fees	03/15/04-80	8162 0040-022 150.00
10.	OFFICERS AND DIRE	CTORS	. E. 41 14151	13		
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NAME STREET ADDRESS	HULSEY, BRYAN 3908 S SCENIC HWY.			<del></del>		
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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 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.						