2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2005 08:00 AM Secretary of State DOCUMENT # P9500063141 1. Entity Name RYAN HOLLAND SERVICES, INC. Principal Place of Business Mailing Address 16781 SW 278TH ST HOMESTEAD FL 33031 16781 SW 278TH ST HOMESTEAD FL 33031 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0601218 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAND, JANIE L 16781 SW 278TH ST Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33031-2725 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE ☐ Change Addition HOLLAND, JANIE L NAME NAME 16781 SW 278TH ST STREET ADDRESS STREET ADDRESS CITY - ST - ZIP **HOMESTEAD FL 33031-2725** CITY-ST-ZIP Change TITLE Delete TITLE Addition HOLLAND, RYAN E. NAME NAME 16781 SW 278ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL CITY-ST-7IP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-7P TITLE Delete TOTALE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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:

Hollain 2/11/05 3052472306

FILED