

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092077

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** THOMAS F. RYAN P.A.

**Current Principal Place of Business:**

370 GOLFVIEW ROAD  
SUITE 101  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

631 U.S. HIGHWAY 1  
SUITE 100  
NORTH PALM BEACH, FL 33408 US

**Current Mailing Address:**

P.O.BOX 14909  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

FEI Number: 65-0618100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RYAN, THOMAS F  
370 GOLFVIEW ROAD  
SUITE 101  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

RYAN, THOMAS F  
631 U.S. HIGHWAY 1  
SUITE 100  
NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: THOMAS F. RYAN

04/27/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RYAN, THOMAS F  
Address: POB 14909  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS F. RYAN

PD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date