

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000015973

1. Entity Name
S.R. ADVERTISING, INC.



Principal Place of Business

**8363 SW 63RD AVE.
BUSHNELL, FL 33513**

Mailing Address

**P. O. BOX 9
NOBLETON, FL 34661**



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0638311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RYAN, WILLIAM
8363 SW 63RD AVE.
BUSHNELL, FL 33513**

**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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

05/04/04-80088-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RYAN, WILLIAM
STREET ADDRESS	8363 SW 63RD AVE.
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	V
NAME	RYAN, WILLIAM D JR.
STREET ADDRESS	8363 SW 63 AVE.
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	V
NAME	KONIECZKA, STEVEN J
STREET ADDRESS	8363 SW 63 AVE.
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowerments.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 **352-344-4000**
Date Daytime Phone #