


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P96000100700 1. Entity Name RYLL DIVERSIFIED, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 700 WEST 25TH ST SUITE 1 SANFORD, FL 32771 | Mailing Address 700 WEST 25TH ST SUITE 1 SANFORD, FL 32771 |
|--|--|



02082006 No Chg-P CR2E034 (11/05)

| | |
|--|--|
| 4. FEI Number 59-3413156 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

| |
|--|
| 6. Name and Address of Current Registered Agent RYLL, D. MIKE 700 WEST 25TH ST SUITE 1 SANFORD, FL 32771 |
|--|

**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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO RYLL, D. MIKE 108 YORKTOWN PLACE SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD RYLL, JOYCE S 108 YORKTOWN PLACE SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RYLL, JABEN T 126 LAKEWOOD DRIVE DEBARY, FL 32713 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RYLL, JASEN T 108 YORKTOWN PLACE SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000437800
02/28/06-80065-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joyce S. Ryll JOYCE S RYLL 2-13-06 407-321-7948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #