

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
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



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RYLL, D. MIKE
STREET ADDRESS	108 YORKTOWN PLACE
CITY - ST - ZIP	SANFORD, FL 32771

TITLE	STD
NAME	RYLL, JOYCE S
STREET ADDRESS	108 YORKTOWN PLACE
CITY - ST - ZIP	SANFORD, FL 32771

TITLE	D
NAME	RYLL, JABEN T
STREET ADDRESS	126 LAKEWOOD DRIVE
CITY - ST - ZIP	DEBARY, FL 32713

TITLE	D
NAME	RYLL, JASEN T
STREET ADDRESS	108 YORKTOWN PLACE
CITY - ST - ZIP	SANFORD, FL 32771

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joyce S. Ryll *Joyce S Ryll* *4-18-07* *407-321-7948*