

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 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

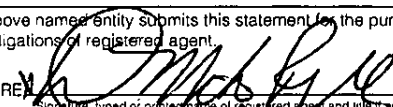


01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3413156	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

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IN THIS SPACE**

6. Name and Address of Current Registered Agent RYLL, D. MIKE 700 WEST 25TH ST SUITE 1 SANFORD, FL 32771	
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:  President 1-31-08 Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating) DATE	

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

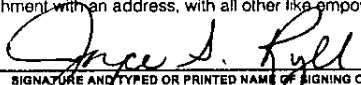
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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	

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02/13/08-80006-015-158.75

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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 1-31-08 407-321-7948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #