2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of State			
DOCUMENT # P98000060880				560	cretary or Stat	Æ
RYAN EICHLER ENTERPRISES, INC).					
		W. Inc.				
Principal Place of Business	Mailing Address					
8422 ASHFORD PL NEW PORT RICHEY, FL 34655	8422 ASHFORD PL NEW PORT RICHEY, FL 34655					
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DO NOT WRITE IN THIS SPA			04122004	No Chg-P	CR2E034 (10/03)	
		CE	4. FEI Numb	er	Applied For	
			59-352		Not Applica	ble
			5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current F	Registered Agent		·			
EICHLER, RYAN			no	NOT W	RITE	
8422 ASHFORD PL NEW PORT RICHEY, FL 34655		DO NOT WRITE				
1			IN	THIS SP	ACE	
The above named entity submits this statement for the obligations of registered agent	the purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	onda. I am familiar with, and acce	ept.
SIGNATURE						
Signature typed or printed name of registered agent a	nd title if applicable (NOTE Registeri	ed Agent signaturé require	d when reinstating i		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ded to Fees			
10. OFFICERS AND	DIRECTORS	1				
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STREET ADDRESS 8422 ASHFORD PL						
CITY-ST-ZIP NEW PORT RICHEY, FL 34655		-{		ŲQAAAQ	139505 80120-025 150.00	
NAME				04/29/04-	80120-025 150.00	
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NAME						ĺ
STREET ADDRESS CITY-ST-ZIP		<u> </u>	DO	NOT W	RITE	
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STREET ADDRESS : CITY - ST - ZIP		l				
THE		1				
NAME		1				
STREET ADDRESS CITY-ST ZIP						
TITLE		1				

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 and owned 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 a property of 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 and section 119 07(3)(i). Florida Statutes I further certify that I he information indicated in 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 and section 119 07(3)(i). Florida Statutes I further certify that I am an officer or director of the corporation or the receiver or trustee and section 119 07(3)(i). Florida Statutes I further certify that I am an officer or director of the corporation or the receiver or trustee and section 119 07(3)(i). Florida Statutes I further certify that I am an officer or director of the corporation or the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corpor

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-560-4538

Daytime Phone #