2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000091865

1. Entity Name
DAVE RYAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4001 REID ST PALATKA, FL 32177	4001 REID ST PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE

02262004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3540966	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, LELIA M
4001 REID ST
PALATKA, FL 32177

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, 2004 Fee will be $550.00

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

U00000093504
03/31/04-80008-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RYAN, DAVID M
STREET ADDRESS	4001 REID ST
CITY-ST-ZIP	PALATKA, FL 32177

TITLE	ST
NAME	RYAN, LELIA M
STREET ADDRESS	4001 REID ST
CITY-ST-ZIP	PALATKA, FL 32177

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered.

SIGNATURE: _Lelia M. Ryan_ Lelia M. Ryan 3/29/04 (386) 325-2046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #