2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V11055

1. Entity Name
RYAN REALTY OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
11891 US HIGHWAY ONE SUITE 201 NORTH PALM BEACH, FL 33408	11891 US HIGHWAY ONE SUITE 201 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0305726

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, JAMES D
11891 US HIGHWAY ONE
SUITE 201
NORTH PALM BEACH, FL 33408

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000488505
04/17/06-80008-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	RYAN, JAMES D
STREET ADDRESS	11891 US HIGHWAY ONE #201
CITY-ST-ZIP	NORTH PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 561-691-1766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #