

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V45237 1. Entity Name RYAN ENTERPRISES, INC.	
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Principal Place of Business 1460 FT SMITH BLVD DELTONA, FL 32725 US	Mailing Address P.O. BOX 390235 DELTONA, FL 32739 US
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02012004 No Chg-P CR2E004 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3133995	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RYAN, WANDA C 1460 FORT SMITH BLVD. DELTONA, FL 32725

DO NOT WRITE IN THIS SPACE

7. 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.

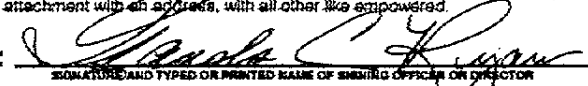
SIGNATURE _____ DATE _____
SIGNATURE, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000042562 02/10/04-80029-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, WANDA C 1460 FORT SMITH BLVD. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORN, KIMBERLY T 6180 WINNING WOODS TR. DE LEON SPRINGS, FL 32130
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)(f), 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:  **02-01-04 386-574-1127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #