


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90275 030 ***150.00

DOCUMENT # H13052
 1. Entity Name
ALCO ASSOCIATES, INC.



Principal Place of Business
ALCO ASSOCIATES, INC
6280 66TH STREET NORTH
PINELLAS PARK, FL 33781 US

Mailing Address
6280 66TH STREET NORTH
PINELLAS PARK, FL 33781 US

00067011



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03212006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
59-2494947

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
MALLER, HENRY A
6280 66TH STREET NORTH
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent
 Name
F&L Corp.
 Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive
Suite 1300
 City
Jacksonville FL Zip Code
32202

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 *Randolph J. Wolfe* **Randolph J. Wolfe, Vice President**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALLER, HENRY A 6280 66TH ST N PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Randolph J. Wolfe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

60027371

#H13052

April 10, 2006

FOLEY & LARDNER LLP
ATTORNEYS AT LAW
100 NORTH TAMPA STREET, SUITE 2700
TAMPA, FL 33602-5810
P.O. BOX 3391
TAMPA, FL 33601-3391
813.229.2300 TEL
813.221.4210 FAX
www.foley.com

WRITER'S DIRECT LINE
813.225.4191
krussell@foley.com EMAIL

CLIENT/MATTER NUMBER
051717-0101

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Certified Article Number
7160 3901 9848 9125 2230
SENDERS RECORD

Re: Alco Associates, Inc.

Dear Madam or Sir:

Enclosed is the 2006 For Profit Corporation Annual Report for the above-referenced entity. Also enclosed is our client's check in the amount of \$150.00 made payable to the *Florida Department of State* in payment of the filing fees.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Katherine Russell
Paralegal

Enclosures