


**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**


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

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

City & State  
 City & State

Zip Country  
 Zip Country

**00067011**



03212006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2494947** Applied For  
 Not Applicable

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** 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**

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