

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H13052

Entity Name: ALCO ASSOCIATES, INC.

FILED  
Mar 28, 2008  
Secretary of State

**Current Principal Place of Business:**

ALCO ASSOCIATES, INC  
6280 66TH STREET NORTH  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

**Current Mailing Address:**

6280 66TH STREET NORTH  
PINELLAS PARK, FL 33781 US

**New Mailing Address:**

ALCO ASSOCIATES, INC  
6280 66TH STREET NORTH  
PINELLAS PARK, FL 33781 US

FEI Number: 59-2494947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSTFELD, LEONARD S CFO  
6280 66TH STREET NORTH  
PINELLAS PARK, FL 33781 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MALLER, HENRY A  
Address: 6280 66TH ST N  
City-St-Zip: PINELLAS PARK, FL 33781 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KOKO, JOHN R  
Address: 6280 66TH ST N  
City-St-Zip: PINELLAS PARK, FL 33781 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R KOKO

P

03/28/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date