


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2007 08:00 AM
Secretary of State

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|--|---|
| DOCUMENT # J13014 1. Entity Name RALCO GROUP, INC. |  |
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| Principal Place of Business 2232 56TH ST SAINT PETERSBURG FL 33707 US | Mailing Address RALCO GROUP, INC. P.O. BOX 530247 ST PETERSBURG FL 33747 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E034 (10/06)

| | |
|---------------------------------|---------------------------------|
| City & State Zip Country | City & State Zip Country |
|---------------------------------|---------------------------------|

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| 4. FEI Number 59-2667786 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SNYDER, LENA F. 2232 56TH ST GULFPORT FL 33707 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | P <input type="checkbox"/> Delete NAME: SNYDER, LENA STREET ADDRESS: 2232 56TH ST CITY- ST- ZIP: GULFPORT FL 33707 |
| TITLE | V <input type="checkbox"/> Delete NAME: SNYDER, LENA F. STREET ADDRESS: 2232 56TH ST CITY- ST- ZIP: GULFPORT FL 33707 |
| TITLE | <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP: |
| TITLE | <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP: |
| TITLE | <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP: |
| TITLE | <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY- ST- ZIP: |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000598998 04/19/07-80024-020 150.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP: |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP: |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP: |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP: |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY- ST- ZIP: |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *LENA SNYDER* *Lena Snyder* 4-4-07-727-302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9677