


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2008 8:00 am**  
**Secretary of State**

08-27-2008 90010 040 \*\*\*550.00

<b>DOCUMENT # J13014</b> 1. Entity Name <b>RALCO GROUP, INC.</b>					
Principal Place of Business <b>2232 56TH ST SAINT PETERSBURG, FL 33707 US</b>			Mailing Address <b>RALCO GROUP, INC. P.O. BOX 530247 ST PETERSBURG, FL 33747 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>SNYDER, LENA F. 2232 56TH ST GULFPORT, FL 33707</b>				7. Name and Address of New Registered Agent Name <b>Susan R. Snyder</b> Street Address (P.O. Box Number is Not Acceptable) <b>5940 Tangerine Ave S</b> <b>Gulfport</b> City <b>Gulfport</b> <b>FL</b> Zip Code <b>33707</b>	
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 <u><i>Susan R. Snyder</i></u> DATE <b>8-20-08</b> <small>Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>SNYDER, LENA</b> <b>2232 56TH ST</b> <b>GULFPORT, FL 33707</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Susan Snyder, Susan</b> <b>5940 Tangerine Ave S</b> <b>Gulfport FL 33707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>SNYDER, LENA F.</b> <b>2232 56TH ST</b> <b>GULFPORT, FL 33707</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Snyder, Susan</b> <b>5940 Tangerine Ave S</b> <b>Gulfport FL 33707</b>	<input type="checkbox"/> Change <input checked="" 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 or without like empowered.					
SIGNATURE: <u><i>Susan R. Snyder</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Susan R. Snyder</b>			8-20-08 727-302-9627 <small>Date Daytime Phone #</small>		