

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90183 025 ***150.00

DOCUMENT # P93000012751

1. Entity Name
RALORI, INC.



Principal Place of Business
6451 NORVELL BRYANT HWY.
CRYSTAL RIVER FL 34429
US

Mailing Address
POST OFFICE BOX 145
CRYSTAL RIVER FL 34423



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
CRYSTAL RIVER, FL 34429

City & State

Zip
34429

Country
U.S.A.

Zip

Country

4. FEI Number 59-2922855

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, DOLORES H
6451 NORVELL BRYANT HWY.
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D PRES. ☐ Delete
NAME CLARK, DOLORES H
STREET ADDRESS 6451 NORVELL BRYANT HWY.
CITY-STATE-ZIP CRYSTAL RIVER FL 34429

TITLE D V-PRES. ☐ Delete
NAME CLARK, RICHARD T
STREET ADDRESS 1105 PALM SPRINGS TERRACE
CITY-STATE-ZIP CRYSTAL RIVER FL 34429

TITLE D V-PRES. ☐ Delete
NAME CLARK, W. RANDAL
STREET ADDRESS 712 VENTURI AVENUE
CITY-STATE-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: Dolores H. Clark, DOLORES H. CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07

Date

352-302-6400

Daytime Phone #