

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000018263

1. Entity Name
R AND K GROUP, INC.



**FILED
Mar 19, 2008 8:00 am
Secretary of State**

03-19-2008 90014 010 ***150.00

40040000



02072008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0815170	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

CRAWFORD, RUSSELL S
244 SHOPPING AVENUE
SARASOTA, FL 34237

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D Delete
NAME CRAWFORD, RUSSELL S
STREET ADDRESS 244 SHOPPING AVENUE
CITY-ST-ZIP SARASOTA, FL 34237

TITLE D Delete
NAME CRAWFORD, KAREN L
STREET ADDRESS 244 SHOPPING AVENUE
CITY-ST-ZIP SARASOTA, FL 34237

TITLE S Delete
NAME CRAWFORD, BRENDA L
STREET ADDRESS 1532 US 41 BY-PASS SOUTH
CITY-ST-ZIP VENICE, FL 34293

TITLE S Delete
NAME CRAWFORD, MEGAN M
STREET ADDRESS 244 SHOPPING AVE.
CITY-ST-ZIP SARASOTA, FL 34237

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08 941-745-1212

Date

Daytime Phone #