

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # S63316

1. Entity Name

RALPH'S 34408, INC.



**FILED
Apr 19, 2004 8:00 am
Secretary of State**

04-19-2004 90727 034 ***150.00

| | | | |
|---|---------|--|-------------|
| Principal Place of Business 34408 HWY 54 W ZEPHYRHILLS FL 33543 US | | Mailing Address 7350 S. TAMAMI TR. #226 SARASOTA FL 34231 US | |
| 2. Principal Place of Business | | 3. Mailing Address c/o D.E. ROBINSON | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 7168 RUE DE PALISADES | |
| City & State | | City & State SARASOTA, FL | |
| Zip | Country | Zip 34238 | Country USA |



MOORE CR2E034 (11/03)

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | 59-3077441 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ROBINSON, DANIEL E
7168 RUE DE PALISADES
SARASOTA FL 34238

| | | |
|--|----|----------|
| 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

Daniel E. Robinson, Pres. Reg. Agent

4-16-04

DATE

Signed, Typed or Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PST | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINSON, DANIEL E. | | NAME | |
| STREET ADDRESS | 7350 S. TAMAMI TR., #226 | | STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | CITY-ST-ZIP | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOSKINSON, BRIAN | | NAME | |
| STREET ADDRESS | PO BOX 25363 | | STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34277 | | CITY-ST-ZIP | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CULLEN, JEROME | | NAME | |
| STREET ADDRESS | 124 EAST ST. | | STREET ADDRESS | |
| CITY-ST-ZIP | FOXBORO MA | | CITY-ST-ZIP | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINDOM, ROBERT E. | | NAME | |
| STREET ADDRESS | 5450 EAGLES POINT CIR. | | STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34231 | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Daniel E. Robinson 4-16-04 941 921 7853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #