

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # S63316

1. Entity Name
RALPH'S 34408, INC.



Principal Place of Business
**34408 HWY 54 W
ZEPHYRHILLS, FL 33543 US**

Mailing Address
**C/O D.E. ROBINSON
7168 RUE DE PALISADES
SARASOTA, FL 34238 US**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3077441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

U000000817981
02/15/08-80024-007 158.75

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ROBINSON, DANIEL E.
STREET ADDRESS	7168 RUE DE PALISADES
CITY-ST-ZIP	SARASOTA, FL 34238

TITLE	V
NAME	HOSKINSON, BRIAN
STREET ADDRESS	PO BOX 25363
CITY-ST-ZIP	SARASOTA, FL 34277

TITLE	V
NAME	CULLEN, JEROME
STREET ADDRESS	124 EAST ST.
CITY-ST-ZIP	FOXBORO, MA

TITLE	V
NAME	WINDOM, ROBERT E.
STREET ADDRESS	5450 EAGLES POINT CIR.
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 of 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]
DANIEL E. ROBINSON

1-31-08 941 921 7853

Date Daytime Phone #