


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1825

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000104502

1. Entity Name
RALCO, INC.



Principal Place of Business Mailing Address
515 KING ST **2519 CRICKET TRAIL**
COCOA FL 32922 **TITUSVILLE FL 32780**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3754451 Not Applicable

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

6. Name and Address of Current Registered Agent

PINTO, RAYMOND
2519 CRICKET TRAIL
TITUSVILLE FL 32780

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 _____ DATE _____
Signature, 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, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	D PINTO, RAYMOND 2519 CRICKET TRAIL TITUSVILLE FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PINTO, INDIALYNE 2519 CRICKET TRAIL TITUSVILLE FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 03/04/05-80033-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Raymond R. Pinto - RAYMOND R. PINTO - MAR 1, 05 321-268-2493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #