

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # 334571

1. Entity Name
RETAIL CREDIT PUBLICATIONS INC



Principal Place of Business

**2610 RIDGETOP WAY
VALRICO, FL 33594**

Mailing Address

**P O BOX 2819
VALRICO, FL 33595**



08302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3662878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FEARNOW, SUSAN
2610 RIDGETOP WAY
VALRICO, FL 33594**

**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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when retaking)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEARNOW, CHRISTOPHER D
STREET ADDRESS	2610 RIDGETON WAY
CITY- ST- ZIP	VALRICO, FL 33595
TITLE	ST
NAME	FEARNOW, SUSAN L
STREET ADDRESS	2610 RIDGEETON WAY
CITY- ST- ZIP	VALRICO, FL 33595
TITLE	VP
NAME	COLWELL, JOHN
STREET ADDRESS	2704 CLEVELAND HEIGHT BLVD.
CITY- ST- ZIP	BALM, FL 33503
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000377532
09/01/05-80003-004 550.00

**DO NOT WRITE
IN THIS SPACE**

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 written address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/05 813-985-0000