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

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAM

SIGNATURE:

with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR

## May 03, 2004 8:00 am Secretary of State DOCUMENT # H92715 1. Entity Name 05-03-2004 90771 031 \*\*\*150 00 RETAIL MAIL, INC. Principal Place of Business Mailing Address **676 SUGARWOOD TRAIL** 676 SUGARWOOD TRAIL VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2619467 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. JOHNSON, DAVID E. Street Address (P.O. Box Number is Not Acceptable) 676 SUGARWOOD TRAIL VENICE FL 34292 ' City 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 \_\_\_\_ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition THIE Delete TITLE NAME JOHNSON, DAVID E. NAME 676 SUGARWOOD TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

**FILED** 

941-496-4704