


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90001 038 ***550.00

DOCUMENT # J96355	
1. Entity Name RECORDS MANAGEMENT SYSTEMS OF FLORIDA, INC.	

Principal Place of Business 501 CENTRAL PARK DRIVE SANFORD FL 32771 US	Mailing Address 501 CENTRAL PARK DRIVE SANFORD FL 32771 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/08)

4. FEI Number 59-2834233		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LOKEY, JOHN A. 501 CENTRAL PARK DRIVE SANFORD FL 32771		7. Name and Address of New Registered Agent Name Chris Alexander Street Address (P.O. Box Number is Not Applicable) 501 Central Park Dr. City Sanford FL Zip Code 32771

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 Chris Alexander (NOTE: Registered Agent signature required when re-appointing) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOKEY, JOHN A. 825 MARKHAM WOOD RD LONG WOOD FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jim Robinson 501 Central Park Dr Sanford, FL 32771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 [Signature] 8/12/08 4073304747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #