2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M74244

FILED Apr 25, 2008 Secretary of State

Entity Name: FLORIDA RETAIL FABRICARE SERVICES, INC.

Current F	Principal Place o	of Business:	New Principal Place o	New Principal Place of Business:	
01S FL	ORY B MYERS ORIDA AVE ID, FL 33803				
Current Mailing Address:		New Mailing Address	New Mailing Address:		
OBOX	ORY B MYERS 7790 ID, FL 33807				
El Numbe	r: 59-2884360	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame an	d Address of Cu	rrent Registered Agent:	Name and Address of	New Registered Agent:	
27 MIRA	GREGORY B. MAR DR ID, FL 33803 I	US	MYERS, GREGORY B. 901 S FLORIDA AVE LAKELAND, FL 33803		
	e named entity su te of Florida.	bmits this statement for the	ourpose of changing its registered	office or registered agent, or bo	
i ille Sia					
	JRE:	Signature of Registered Ag	ant	04/25/2008	
SIGNATU	IRE: Electronic ampaign Financing 1	Signature of Registered Ag Frust Fund Contribution ().		Date	
SIGNATU	JRE: Electronic	Frust Fund Contribution ().			
SIGNATL Clection Ca DFFICER ittle: ame: ddress: city-St-Zip:	Electronic Electronic Electronic Electronic ENDISTRICTO PRES ()D MYERS, GREGOI POBOX 7790 LAKELAND, FL 3	Trust Fund Contribution (). ORS: Delete RY B 3807	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECT () Change () Addition	
SIGNATU	Electronic Electr	Trust Fund Contribution (). ORS: Pelete RY B 3807 Delete ALD S	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECT	
ElGNATU Election Ca DFFICER itle: lame: ddress: city-St-Zip: itle: lame: ddress:	Electronic	Trust Fund Contribution (). ORS: Delete RY B 3807 Delete LD S 03803 Delete ETH Y	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECT () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY B MYERS PRES 04/25/2008