

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093768

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: RETAIL MAINTENANCE NETWORK, INC.

**Current Principal Place of Business:**

1410 18TH AVE DRIVE EAST  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1387  
PALMETTO, FL 34220

**New Mailing Address:**

FEI Number: 65-1141384      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CREWS, JUDY A  
Address: 252 STARLING ROAD  
City-St-Zip: MANCHESTER, GA 31816

Title: ST ( ) Delete  
Name: ALVERSON, JAMES S  
Address: P.O. BOX 1387  
City-St-Zip: PALMETTO, FL 34220

Title: DVP ( ) Delete  
Name: BISHOP, LARRY L  
Address: 1067 LL REVELL ROAD  
City-St-Zip: MANCHESTER, GA 31816

Title: D ( ) Delete  
Name: BISHOP, ROBERT S  
Address: 292 MELVIN HARRIS ROAD  
City-St-Zip: MANCHESTER, GA 31816

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUDY A. CREWS

PRES

07/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date