

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90674 031 \*\*\*150.00

**DOCUMENT # P02000077805**

**1. Entity Name**

**RETAIL SUPPLIERS, INC.**



**Principal Place of Business**

**321 E HILLSBORO BLVD  
DEERFIELD BCH FL 33441**

**Mailing Address**

**321 E HILLSBORO BLVD  
DEERFIELD BCH FL 33441**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** **02-0632983**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHOCKET, JEFFREY  
321 E HILLSBORO BLVD  
DEERFIELD BCH FL 33441**

**7. Name and Address of New Registered Agent**

**Name** **TED STOTZER**

**Street Address (P.O. Box Number is Not Acceptable)**  
**321 E HILLSBORO BLVD**

**City** **DEERFIELD BEACH** **FL** **Zip Code** **33441**

**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 reinstating)

**DATE**

*3/30/04*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **STREET, BRIAN**  
**STREET ADDRESS** **321 E HILLSBORO BLVD**  
**CITY-ST-ZIP** **DEERFIELD BCH FL 33441**

**TITLE** **VP** ☐ Delete  
**NAME** **SCHOCKET, JEFFREY**  
**STREET ADDRESS** **321 E HILLSBORO BLVD**  
**CITY-ST-ZIP** **DEERFIELD BCH FL 33441**

**TITLE** **VP** ☐ Delete  
**NAME** **COHEN, JAMES H**  
**STREET ADDRESS** **321 E HILLSBORO BLVD**  
**CITY-ST-ZIP** **DEERFIELD BCH FL 33441**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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 reports 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, which is other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-8-04 954-418-0208*