

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000127366**

1. Entity Name  
**FLORIDA RETAIL FEDERATION SERVICES, INC.**



Principal Place of Business  
**227 S ADAMS ST  
TALLAHASSEE, FL 32301-1720**

Mailing Address  
**227 S ADAMS ST  
TALLAHASSEE, FL 32301-1720**



05132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**14-1861720**

Applied For  
Not Applicable

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

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

**MCALLISTER, RICHARD A  
227 S. ADAMS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	CEOC
NAME	MCALLISTER, RICHARD A
STREET ADDRESS	227 S ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 323011720
TITLE	T
NAME	CROW, DEBRA A
STREET ADDRESS	227 S ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 323011720
TITLE	D
NAME	WEMM, KEITH
STREET ADDRESS	227 S ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	STOLP, JON
STREET ADDRESS	227 S ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000951737  
06/04/08-80048-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/2008

Date

850-222-4082

Daytime Phone #