## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000007605**

1. Entity Name

RETÁIL MARKETING GROUP, INC.



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

3127 BAYSHORE BLVD NE ST PETERSBURG, FL 33703 Mailing Address

3127 BAYSHORE BLVD NE ST PETERSBURG, FL 33703



## DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For 20-0456592

 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

VERSFELT, JAY S 3127 BAYSHORE BLVD NE ST PETERSBURG, FL 33703

SIGNATURE:

## 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   |  |       |       |                                |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financian Trust Fund Contribution.   |  |       | · · - | \$5.00 May Be<br>Added to Fees |   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIRECT DP VERSFELT, BEVERLY B 3127 BAYSHORE BLVD NE ST PETERSBURG, FL 33703 | CTORS |       |                                | 1   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DVS<br>VERSFELT, JAY S<br>3127 BAYSHORE BLVD NE<br>ST PETERSBURG, FL 33703               |       |       |                                | 000000793007<br>01/24/08-80031-022 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |       |       | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |       |       | IN <sup>-</sup>                | THIS SPACE                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |       |       |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |       |       |                                |   |
| 12. I hereby certify that the information supplied with this filling 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. |  |       |       |                                |   |