

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000001617

1. Entity Name  
RETAIL INSITES, INC.



Principal Place of Business  
12403 SMOKEY DR  
HUDSON, FL 34669

Mailing Address  
12403 SMOKEY DR  
HUDSON, FL 34669



01252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1765286

Applied For  
Not Applicable

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

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

HOBBY, H CLYDE  
5709 TIDALWAVE DR  
NEWPORT RICHEY, FL 34652

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000935193

**10. OFFICERS AND DIRECTORS**

05/23/08-80062-007 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPVT  
LEBLANC, MICHAEL J  
12403 SMOKEY DR  
HUDSON, FL 34669

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
LEBLANC, MARLENE  
12403 SMOKEY DR  
HUDSON, FL 34669

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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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: Michael J LeBlanc  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08  
Date

Daytime Phone #