

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000066969

**Entity Name:** RETAILNXI, INC.

**Current Principal Place of Business:**

2015 SW 43RD PLACE  
OCALA, FL 34471

**Current Mailing Address:**

P.O. BOX 4214  
OCALA, FL 34478 US

**FEI Number:** 46-3421886

**Certificate of Status Desired:** Yes

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

SCHAFFER, ROBERT L  
2015 SW 43RD PLACE  
OCALA, FL 34471 US

*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

**Officer/Director Detail :**

Title D  
Name SCHAFFER, ROBERT L  
Address 2015 SW 43RD PLACE  
City-State-Zip: Ocala FL 34471

Title D  
Name KESSLER, DAVID  
Address 514 AVELLINO ISLE CIRCLE, UNIT  
3301  
City-State-Zip: NAPLES FL 34119

Title D  
Name LAURIA, PHILLIP  
Address 32 SILVER SPRING ROAD  
City-State-Zip: WILTON CT 06897

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT L SCHAFFER

**PRESIDENT**

**03/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date