


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 334571
 1. Entity Name
RETAIL CREDIT PUBLICATIONS INC



Principal Place of Business Mailing Address
2610 RIDGETOP WAY **P O BOX 2819**
VALRICO, FL 33594 **VALRICO, FL 33595**



08302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3662878 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FEARNOW, SUSAN
2610 RIDGETOP WAY
VALRICO, FL 33594

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 re-electing)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEARNOW, CHRISTOPHER D
STREET ADDRESS	2610 RIDGETON WAY
CITY- ST- ZIP	VALRICO, FL 33595
TITLE	ST
NAME	FEARNOW, SUSAN L
STREET ADDRESS	2610 RIDGEETON WAY
CITY- ST- ZIP	VALRICO, FL 33595
TITLE	VP
NAME	COLWELL, JOHN
STREET ADDRESS	2704 CLEVELAND HEIGHT BLVD.
CITY- ST- ZIP	BALM, FL 33503
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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1100000377532
 09/01/05-80003-004 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 written address, with all other like empowered.

SIGNATURE: *[Signature]* 8/30/05 813-985-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND PHONE #