


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000003672**  
 1. Entity Name  
 RETAIL CONCEPTS OF MINNESOTA, INC.



Principal Place of Business: 1720 EAST BUENA VISTA BLVD BLDG. A LAKE BUENA VISTA, FL 32830  
 Mailing Address: P.O. BOX 2617 WINDERMERE, FL 34786

**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 41-1889460 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HENINGER, SHAWNA
STREET ADDRESS	P.O. BOX 2617
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	VCS
NAME	HENINGER, RANDY
STREET ADDRESS	P.O. BOX 2617
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	VP
NAME	HENINGER, RANDY
STREET ADDRESS	P.O. BOX 2617
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/18/05-80048-025 150.00

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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 with an address, with all other like empowered

SIGNATURE: Shawna Heninger Date: 3/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR