


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F07148
1. Entity Name
RETAIL CONCEPTS, INC. OF TEXAS



Principal Place of Business 4001 GREENBRIAR SUITE 100 STAFFORD, TX 77477	Mailing Address 4001 GREENBRIAR SUITE 100 STAFFORD, TX 77477
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-2120086	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 file # applicable. (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDWARE, BARRY I. 11527 GREEN OAKS HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDWARE, LINDA P. 11527 GREEN OAKS HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANLEY, B. F. 4915 CHEENA HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX V STEVE RATH 4001 GREENBRIAR SUITE 100 STAFFORD, TX 77477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/21/04-80005-025 150.00

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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)(b), 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: J. Stanley **COO** 5/17/04 (281) 340 5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #