


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90016 013 \*\*\*150.00

**DOCUMENT # P22136**

1. Entity Name  
**RETAIL CONSTRUCTION SERVICES, INC.**



Principal Place of Business      Mailing Address

11343 39TH ST NORTH      11343 39TH ST NORTH  
 LAKE ELMO, MN 55042 US      LAKE ELMO, MN 55042 US



04152004      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>41-1330800</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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

**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 BACHMAN, STEPHEN M. 11343 39TH ST NORTH LAKE ELMO, MN 55042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MIDDLETON, GEORGE I. 11343 39TH ST NORTH LAKE ELMO, MN 55042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KUNTZ, GERALD F. 11343 39TH ST NORTH LAKE ELMO, MN 55042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLETTY, JONI 11343 39TH STREET NO LAKE ELMO, MN 55042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLS, GARTH 102 E ROSS, SUITE B ROCKWELL, TX 75087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ *VT*      *5-12-04*      *651-704-9000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #