


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-21-2005 90001,048 ***150.00
P22136

2005 JUN 27 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22136
1. Entity Name
RETAIL CONSTRUCTION SERVICES, INC.



Principal Place of Business 11343 39TH ST NORTH LAKE ELMO, MN 55042 US	Mailing Address 11343 39TH ST NORTH LAKE ELMO, MN 55042 US
--	--

00000000



06142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1330800	Applied For Not Applicable
-----------------------------	-------------------------------

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

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: [Signature] VT Date: 6.14.05 Daytime Phone #: 651-704-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten initials