


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90278 001 ***150.00

DOCUMENT # P97000064996
 1. Entity Name
RETAIL ASSET MANAGEMENT, INC.



Principal Place of Business
1801 S KEENE RD
CLEARWATER, FL 33756 US

Mailing Address
1350 DOUGLAS DRIVE
CLEARWATER, FL 33756

50023011



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02282005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-3460146

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOLEY, PAUL
1350 DOUGLAS DRIVE
CLEARWATER, FL 33756

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **COOLEY, PAUL D**
 STREET ADDRESS **1350 DOUGLAS DRIVE**
 CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE **P/D** Change Addition
 NAME **COOLEY, PAUL**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **COOLEY, KATHLEEN A**
 STREET ADDRESS **1350 DOUGLAS DRIVE**
 CITY-ST-ZIP **CLEARWATER, FL 33758**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Paul D. Cooley **President** 3/2/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #