

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2004 8:00 am**  
**Secretary of State**

06-29-2004 90001 002 \*\*\*150.00

<b>DOCUMENT # 261613</b> 1. Entity Name <b>RETAIL SECURITY SYSTEM INC</b>					
Principal Place of Business <b>812 OAKDALE STREET PO BOX 444 WINDERMERE, FL 34786 US</b>			Mailing Address <b>11863 SW 13TH COURT DAVIE, FL 33325 US</b>		
2. Principal Place of Business <b>11863 SW 13 COURT</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>DAVIE FL</b>			City & State Suite, Apt. #, etc.		
Zip <b>33325</b>			Country <b>USA</b>		
4. FEI Number <b>59-0974861</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>GOLDBERG, CONNI 11863 SW 13TH COURT DAVIE, FL 33325</b>			7. Name and Address of New Registered Agent Name <b>CAROL MANNING</b> Street Address <b>11863 SW 13 COURT</b> City <b>DAVIE</b> FL <b>33325</b>		
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 <i>Carol Manning</i> <b>CAROL MANNING</b> DATE <b>6/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANNING, CAROL P.O. BOX 607 N/A WINDERMERE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GOLDBERG, CONNI C 11863 SW 13TH COURT DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASHBISH, CHERI P.O. BOX 960 N/A WINDERMERE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	"	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Carol Manning</i> <b>CAROL MANNING, PRES</b> DATE <b>6/23/04</b> DAYTIME PHONE # <b>954-382-1150</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**54059199**



06112004 Chg-P CR2E034 (10/03)