## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000006381

ROSHOLT, STEVE

11737 N. 129TH WAY

SCOTTSDALE, AZ 85259

Name:

Address:

City-St-Zip:

Entity Name: RETRO-TECH SYSTEMS, INC.

FILED May 12, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2800 BERNICE ROAD, #17-A LANSING, IL 60438 **Current Mailing Address: New Mailing Address:** 2800 BERNICE ROAD, #17-A LANSING, IL 60438 FEI Number: 36-3912716 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIRSCHT, STUART 999 GENIÚS DR. WINTER PARK, FL 32789 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete () Change () Addition MINKO, KURT Name: Name: 7900 WEST 82ND COURT Address: Address: City-St-Zip: CROWN POINT, IN City-St-Zip: Title: VTD Title: () Delete () Change () Addition Name: MAYNARD, GARY E Name: 9120 SCHILLRON DRIVE Address: Address: City-St-Zip: ST. JOHN, IN City-St-Zip: VPD Title: Title: () Delete () Change () Addition KIRSCHT, STUART Name: Name: 999 GENIUS DR Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: **VDP** () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GARY E. MAYNARD VTD 05/12/2004