

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90017 030 ***150.00

DOCUMENT # F96000000005

1. Entity Name
STREET RETAIL, INC.



Principal Place of Business

**1626 E JEFFERSON ST
1626 E. JEFFERSON ST.
ROCKVILLE, MD 20852-4041 US**

Mailing Address

**1626 E JEFFERSON ST
1626 E. JEFFERSON ST.
ROCKVILLE, MD 20852-4041 US**

54007621



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1910130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**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
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	PD
NAME	WOOD, DONALD C
STREET ADDRESS	1626 E JEFFERSON ST
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	V
NAME	COLSON, DEBORAH A
STREET ADDRESS	1626 E. JEFFERSON ST
CITY-ST-ZIP	ROCKVILLE, MD
TITLE	VDT
NAME	FINGER, LARRY
STREET ADDRESS	1626 E JEFFERSON ST
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	VD
NAME	BERKES, JEFFREY S
STREET ADDRESS	1626 E JEFFERSON ST
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	VDS
NAME	BECKER, DAWN M
STREET ADDRESS	1626 EAST JEFFERSON STREET
CITY-ST-ZIP	ROCKVILLE, MD 20852
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-04 301-998-8149