FILED
Mar 11, 2005 8:00 am
Secretary of State
02-09-2005 90046 041 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000043521

1. Entity Name
RETFAR INC.

Principal Place of Business	Mailing Address
1301 SUNVIEW TERRACE JENSEN BEACH, FL 34957	~~2898~~ SW DINNER STREET PORT SAINT LUCIE, FL 34953

66004418

2. Principal Place of Business		3. Mailing Address	
		1301 SUNVIEW Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jenson Beach FL	
Zip	Country	Zip 34957	Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0743171 ☐ Applied For ☐ Not Applicable

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
RAFTER, GAIL 2898 SW DINNER STREET PORT SAINT LUCIE, FL 34953	Name Catherine Rafter Street Address (P.O. Box Number is Not Acceptable) 181 Emerald Drive City Jenson Beach FL Zip Code 34957

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] 1/27/05
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P RAFTER, JAMES L 2898 SW DINNER STREET PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 1/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #