


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000147586		
1. Entity Name RETROSPECT MEDIA, INCORPORATED		
Principal Place of Business 1827 ROSEROOT CT. NEW PORT RICHEY, FL 34655 US	Mailing Address 1827 ROSEROOT CT. NEW PORT RICHEY, FL 34655 US	



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOOK, HEIDI R 1827 ROSEROOT CT. NEW PORT RICHEY, FL 34655		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRONSON, MICHAEL C 7310 5TH AVE N ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO BRONSON, RICHARD A 2200 S. LAGOON CIRCLE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HOOK, HEIDI R 1827 ROSEROOT CT. NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemptions contained in Chapter 119, 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: Heidi Hook Heidi Hook 427 06 727 4092878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #