

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-11-2006 90241 015 \*\*\*150.00  
P05000106643

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06 JUL -6 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P05000106643</b>		
1. Entity Name <b>RETRO-REFLECTIVITY TECHNOLOGY, INC.</b>		

Principal Place of Business <b>1275 COUNTY ROAD 210 WEST JACKSONVILLE FL 32259</b>	Mailing Address <b>1275 COUNTY ROAD 210 WEST JACKSONVILLE FL 32259</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	FEI Number <b>770662307</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>MAXWELL, RONALD W ESQ 1812 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216-8931</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RYALS, SHELTON 1275 COUNTY ROAD 210 WEST JACKSONVILLE FL 32259</b> <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	<b>D CARTER, MELVIN O 1275 COUNTY ROAD 210 WEST JACKSONVILLE FL 32259</b> <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 exemptions contained in Section 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 \_\_\_\_\_ DATE **4-28-06** (904) 826-0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Retro-Reflectivity Technology, Inc.  
1275 CR 210 West  
Jacksonville, FL 32259

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Florida Dept. Of State  
Division of Corporations  
Attn: Eula  
Fax (850) 245-6017  
P.O. Box 6327  
Tallahassee, FL 32314

July 6, 2006

To whom it may concern:

We ask that you please consider waiving the late filing fee, since we did not receive the letter stating that we needed to make a correction by a May 30<sup>th</sup> deadline. We certainly would have sent it back to you.

We now have been assigned a FEI# — It is.... 77-0662307  
See the following page.

Sincerely,  
Retro-Reflectivity Technology, Inc.



Melvin O. Carter  
President