

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000072934

1. Entity Name  
DIGITAL RETAIL SYSTEMS INC.



Principal Place of Business  
5805 PALM DRIVE  
FORT PIERCE, FL 34982

Mailing Address  
5805 PALM DRIVE  
FORT PIERCE, FL 34982

FILED  
06 MAR 27 PM 1:12  
FLORIDA STATE  
TALLAHASSEE, FLORIDA



**DO NOT WRITE IN THIS SPACE**

03102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0943482

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROHN, SCOTT  
5805 PALM DRIVE  
FORT PIERCE, FL 34982

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000467205  
03/23/06 00142-002 50.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROHN, SCOTT M
STREET ADDRESS	5805 PALM DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	S
NAME	ROHN, WANDA
STREET ADDRESS	5805 PALM DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100069964731  
04/10/06--01071--009 \*\*150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

Date

Daytime Phone #