

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90011 002 ***158.75

DOCUMENT # P99000079664

1. Entity Name:

RETRIEVAL DYNAMICS CORPORATION



Principal Place of Business

**1819 MAIN STREET
SUITE #702
SARASOTA FL 34236**

Mailing Address

**1819 MAIN STREET
SUITE #702
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0947666

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CELLA, ANTHONY A
1819 MAIN ST STE 702
SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

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

**VFOD
CELLA, ANTHONY
1819 MAIN ST STE 702
SARASOTA FL 34236**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CEO/D
CELLA, ANTHONY A.
1819 MAIN STREET SUITE 702
SARASOTA, FL. 34236**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**C
HARKOLA, JOHN
1819 MAIN STREET
SARASOTA FL 34236**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CEO/D
HARKOLA, JOHN
1819 MAIN STREET SUITE 702
SARASOTA, FL**

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 #

1/22/2004

944-3659950