


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 519914	
1. Entity Name REFLECTION'S FOR MEN AND WOMEN, INC.	

Principal Place of Business 3638 W KENNEDY BLVD. TAMPA, FL 33609	Mailing Address 3638 W KENNEDY BLVD. TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1755692	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

PLEHN, LINDA
3638 W. KENNEDY BLVD
TAMPA, FL 33609

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLEHN, LINDA 3638 W. KENNEDY BLVD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PLEHN, DAVID 3638 W. KENNEDY BLVD TAMPA, FL 33609
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01/24/06-00027-008 150.00

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: *Linda Plehn* **LINDA PLEHN** *Jan 14/06* *641-1729*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #