

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90022 048 ****61.25

DOCUMENT # 748738

1. Entity Name

NAVARRE REFLECTIONS, INC.



Principal Place of Business

7785 GULF BLVD
NAVARRE BEACH FL 32566

Mailing Address

P.O. BOX 5087
NAVARRE BEACH FL 32566

J4U40733



MOORE CR2E037 (11/03)

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 **63-0804544**
63-0788494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CREW & CREW, PA
25 BEAL PARKWAY NE, STE. 210
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME YOCUM, JIM
STREET ADDRESS 7785 GULF BLVD
CITY-ST-ZIP NAVARRE BEACH FL 32566 ☐ Delete

TITLE D
NAME HEARIN, DICK
STREET ADDRESS 7785 GULF BLVD
CITY-ST-ZIP NAVARRE BEACH FL 32566 ☐ Delete

TITLE DV
NAME BURCKHALTER, STEVE
STREET ADDRESS 7785 GULF BLVD
CITY-ST-ZIP NAVARRE BEACH FL 32566 ☐ Delete

TITLE D
NAME YOCUM, ANN
STREET ADDRESS 7785 GULF BLVD
CITY-ST-ZIP NAVARRE BEACH FL 32566 ☐ Delete

TITLE DTS
NAME MILLER, SCOTT
STREET ADDRESS 7785 GULF BLVD
CITY-ST-ZIP NAVARRE BEACH FL 32566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME Yocum, Jim
STREET ADDRESS 4317 28th Street East
CITY-ST-ZIP Tuscaloosa, AL 35404 ☒ Change ☐ Addition

TITLE D
NAME Hearin, Dick
STREET ADDRESS 2020 Steele Blvd.
CITY-ST-ZIP Baton Rouge, LA 70808 ☒ Change ☐ Addition

TITLE DV
NAME Burkhalter, Steven
STREET ADDRESS 10185 Westwind Dr.
CITY-ST-ZIP Shreveport, LA 71106 ☒ Change ☐ Addition

TITLE D
NAME Yocum, Ann
STREET ADDRESS 4317 28th Street East
CITY-ST-ZIP Tuscaloosa, AL 35404 ☒ Change ☐ Addition

TITLE DTS
NAME Miller, Scott
STREET ADDRESS P.O. Box 1123
CITY-ST-ZIP Jackson, MS 39215-1123 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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

JAMES H YOCUM

3/31/04

Date

205-593-6099

Daytime Phone #