2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 748738

1. Entity Name
NAVARRE REFLECTIONS, INC.

Principal Place of Business	Mailing Address
7785 GULF BLVD NAVARRE BEACH, FL 32566	P.O. BOX 5087 NAVARRE BEACH, FL 32566

01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0804544
☐ 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

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001424056
02/18/06 80024-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	YOCUM, JIM
STREET ADDRESS	4317 28TH STREET EAST
CITY-ST-ZIP	TUSCALOOSA, AL 35404
TITLE	D
NAME	HEARIN, DICK
STREET ADDRESS	2020 STEELE BLVD
CITY-ST-ZIP	BATON ROUGE, LA 70808
TITLE	DV
NAME	BURCKHALTER, STEVE
STREET ADDRESS	10185 WESTWIND DR
CITY-ST-ZIP	SHREVEPORT, LA 71106
TITLE	D
NAME	YOCUM, ANN
STREET ADDRESS	4317 28TH STREET EAST
CITY-ST-ZIP	TUSCALOOSA, AL 35404
TITLE	DTS
NAME	MILLER, SCOTT
STREET ADDRESS	P.O. BOX 1123
CITY-ST-ZIP	JACKSON, MS 392151123
TITLE	
NAME	
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 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 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: Scott E. Miller VP-Texas 2-2-06 601-932-8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #