

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 748738

1. Entity Name
NAVARRE REFLECTIONS, INC.



Principal Place of Business
**7785 GULF BLVD
NAVARRE BEACH, FL 32566**

Mailing Address
**P.O. BOX 1123
JACKSON, MS 39215-1123**



01042008 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE
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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
YOCUM, JIM
4317 28TH STREET EAST
TUSCALOOSA, AL 35404**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HEARIN, DICK
2020 STEELE BLVD
BATON ROUGE, LA 70808**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
BURCKHALTER, STEVE
10185 WESTWIND DR
SHREVEPORT, LA 71106**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
YOCUM, ANN
4317 28TH STREET EAST
TUSCALOOSA, AL 35404**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DTS
MILLER, SCOTT
P.O. BOX 1123
JACKSON, MS 392151123**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000774430
01/07/08-80014-013 61.25

**DO NOT WRITE
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 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

Date

Daytime Phone #

Scott J. Miller 1-7-08 601-922-8331