

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90031 044 ***150.00

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DOCUMENT # L57078 1. Entity Name COLOR REFLECTIONS, INC.					
Principal Place of Business 1407 SLIGH BLVD ORLANDO, FL 32806			Mailing Address 1407 SLIGH BLVD ORLANDO, FL 32806		
2. Principal Place of Business 1409 SLIGH BLVD		3. Mailing Address 1409 SLIGH BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2997655	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIALLY, HEINZ 816 EASTGATE TRAIL LONGWOOD, FL 32750			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: <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRUSE, HERMANN	NAME	816 EASTGATE TRAIL		
STREET ADDRESS	345 W MICHIGAN ST 1409 SLIGH BLVD -	STREET ADDRESS	LONGWOOD, FL 32750		
CITY - ST - ZIP	ORLANDO, FL 32806	CITY - ST - ZIP	LONGWOOD, FL 32750		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIALLY, HEINZ	NAME	816 EASTGATE TRAIL		
STREET ADDRESS	345 W MICHIGAN ST 1409 SLIGH BLVD -	STREET ADDRESS	LONGWOOD, FL 32750		
CITY - ST - ZIP	ORLANDO, FL 32806	CITY - ST - ZIP	LONGWOOD, FL 32750		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: HEINZ BIALLY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					