2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008
Secretary of State

DOCUMENT# L98967

Entity Name: REFLECTION LIQUORS, INC.

Current Principal Place of Business:

C/O JAMES KARL & ASSOCIATES
678 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

C/O JAMES KARL & ASSOCIATES
678 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145 US

New Mailing Address:

FEI Number: 65-0218701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARL, JAMES L II
C/O JAMES KARL & ASSOCIATES
678 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KARL, JAMES L II
Address: 678 BALD EAGLE DRIVE
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: VP ( ) Delete
Name: SHIGLEY, SCOTT
Address: 678 BALD EAGLE DRIVE
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: S ( ) Delete
Name: WILLIAMS, LINDA
Address: 678 BALD EAGLE DRIVE
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: T ( ) Delete
Name: CHUPURDIC, CHAD
Address: 678 BALD EAGLE DRIVE
City-St-Zip: MARCO ISLAND, FL 34145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MARTTA, ROBIN
Address: 678 BALD EAGLE DRIVE
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT SHIGLEY VP 09/08/2008
Electronic Signature of Signing Officer or Director Date