


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90277 048 ***158.75

DOCUMENT # M89789

1. Entity Name
REFLECT-A-LIGHT, INC.



Principal Place of Business
**314 HIGHWAY 17N H17
 PALATKA FL 32177
 ST. JOHNS AVE.
 PALATKA, FL 32177**

Mailing Address
**PO BOX 1319
 PALATKA FL 32178**

2. Principal Place of Business
417 ST. JOHNS AVE

3. Mailing Address
 Suite, Apt. #, etc.
SUITE 5

City & State
PALATKA FL

City & State
 Suite, Apt. #, etc.

Zip
32177

Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3006064** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HUNTLEY, WILLIAM T.
 204 MORITANI POINT RD
 EAST PALATKA FL 32131**

7. Name and Address of New Registered Agent
 Name - **Sherry L Bedford**
 Street Address (P.O. Box Number is Not Acceptable)
6815 Atlantic Blvd Suite # 3
 City **Jacksonville** FL Zip Code **32211**

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 Sherry L Bedford DATE 4-13-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST CRAIN, JOHN T 2944 FRUITWOOD LANE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 5 T HUNTLEY, WILLIAM T 204 MORITANI POINT RD EAST PALATKA FL 32131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: William T Huntley DATE 3/29/05 786-328-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #