2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 08:00 AM **DOCUMENT # M89789** Secretary of State 1. Entity Name REFLECT-A-LIGHT, INC. Principal Place of Business Mailing Address PO BOX 1319 417 ST JOHNS AVE PALATKA FL 3217B SUITE 7 PALATKA FL 32172 2. Principal Place of Business 3. Mailing Address Suite, Apt. ff, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-3006064 Not Applicat Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BEDFORD, SHERRY L Street Address (P.O. Box Number is Not Acceptable) 6815 ATLANTIC BLVD SUITE #3 JACKSONVILLE FL 32211 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Du Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. □ Ailo: TITLE PST ☐ Delete TIRE Change HUNTLEY, WILLIAM T NAME NAME U60000458278 STREET ADDRESS 204 MORITANI POINT RD STREET ADDRESS 83/16/96-80022-008 150.00 CHY-ST-ZIP CHY-ST-ZIP EAST PALATKA FL 32131 Defete Change ■ Addition MAKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delote ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addisson NAME STREET ADDRESS STREET ADDRESS ETTY-ST-ZIP CITY-ST-ZIP Delete Change Addittan TITLE ππε NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-IIP COY-ST-ZIP TITLE Delete Change Addition NAME MASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

with all other like empowered.

SIGNATURE:

FILED