2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State 04-23-2004 90255 014 ***150.00

DOCUMENT # P0000085324 1. Entity Name REFLECTIONS GLASS, INC.						04-23-20	04 90255 014 *	**150.00
Principal Plac	na of Business	Mailing Address					646049) (
Principal Place of Business 200-10 INDUSTRAIL PARK BLVD. SEBASTIAN, FL 32958		200-10 INDUSTRAIL PARK BLVD. SEBASTIAN, FL 32958						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	. #, eic.	Suite, Apt. #, etc.			04152004	Chg-P	CR2E034 (10	03)
City & Sta	le	City & State	-		4. FEI Number 59-3673			Applied For Not Applicat
Zip	Country	Zip	Country			f Status Desired		Additional
	6. Name and Address of Currer	nt Registered Agent	<u> </u>		7. Name and A	Address of New	Fee Re	quirea
MITCHELL, JENNIFER B 6100 99TH STREET			Name					
			Street A					
	AN, FL 32958		20	0-10	Tabl	STRIA	L PARK	3 644.
			City	5	ASTIAN	<u> </u>	FL Zip	Code 3 29 9
8 The above	e named entity submits this statement	for the ourness of changing it	e registered office r	O F D	AST (AN	in the State of		
SIGNATURE.	Signature, typed or printed name of registered age	ent and little if applicable (NO	TE Registered Agent signs	ure required t	when reinstating)		DATE	
FIL	Signature, typed or printed name of registered age E NOWILL FEE IS \$150.00 lay 1, 2004 Fee will be \$550	9. Election Camp	aign Financing		00 May Be		DATE	
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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 it made under oath; that I am an office 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.

JENNIFER MITCHELL
SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: