


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90018 035 \*\*\*150.00

DOCUMENT # P01000001651			
1. Entity Name KATHY'S REFLECTIONS OF THE PAST, INC.			
Principal Place of Business 916-A FLORIDA AVE. COCOA FL 32922		Mailing Address 916-A FLORIDA AVE. COCOA FL 32922	
2. Principal Place of Business 402 BREVARD AVE. Suite, Apt. #, etc. SUITE E City & State COCOA, FLORIDA Zip 32922 Country USA		3. Mailing Address 402 BREVARD AVE. Suite, Apt. #, etc. SUITE E City & State COCOA, FLORIDA Zip 32922 Country USA	

24031120



MOORE CR2E034 (11/03)

4. FEI Number 59-3692912		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 CLINE, KATHY A 916-A FLORIDA AVE COCOA FL 32922		7. Name and Address of New Registered Agent Name CLINE, KATHY A Street Address (P.O. Box Number is Not Acceptable) 402 BREVARD AVE SUITE E City COCOA FL Zip Code 32922	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10 OFFICERS AND DIRECTORS		11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CLINE, KATHY A 916-A FLORIDA AVE 2 COCOA FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINE, KATHY A 916-A FLORIDA AVE COCOA FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kathy A. Cline* KATHY A. CLINE 4/6/04 (321) 639-2829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #