


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000003571</b> 1. Entity Name DESIGNS IN REFLECTION INC.	
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Principal Place of Business 4584 MERCANTILE AVENUE SUITE B NAPLES, FL 34104	Mailing Address 4584 MERCANTILE AVENUE SUITE B NAPLES, FL 34104
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3410724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

LATTUCA, VINCENT T  
4584 MERCANTILE AVENUE SUITE B  
NAPLES, FL 34104

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATTUCA, VINCENT 4584 MERCANTILE AVENUE STE B NAPLES, FL 34104
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02/20/04-80044-013 150.00

**DO NOT WRITE  
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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:** Vince Lattuca 2/18/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #