

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

06-02-2004 90004 004 ***150.00

DOCUMENT # P03000012056 1. Entity Name MIRROR IMAGE INC.																															
Principal Place of Business 15425 US HIGHWAY 19 HUDSON, FL 34667		Mailing Address 15425 US HIGHWAY 19 HUDSON, FL 34667																													
2. Principal Place of Business 9843 SR 52 Suite, Apt. #, etc.		3. Mailing Address 9843 SR 52 Suite, Apt. #, etc.																													
City & State HUDSON FL Zip 34669 Country US		City & State HUDSON FL Zip 34669 Country US																													
4. FE Number 331042545		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent GREEN, LISA PRES 15425 US HWY 19 HUDSON, FL 34667		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9843 SR 52 HUDSON FL 34669 City FL 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 <u><i>Lisa Green</i></u> LISA GREEN 5/13/04 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																															
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P. GREEN, LISA 15425 HWY 19 HUDSON, FL 34667 ☐ Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GREEN, LISA 15425 HWY 19 HUDSON, FL 34667 ☐ Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> 9843 SR 52 HUDSON FL 34669 ☒ Change ☐ Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9843 SR 52 HUDSON FL 34669 ☒ Change ☐ 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: <u><i>Lisa Green</i></u> LISA GREEN, Pres 5/13/04 (727) 263-0577 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																															

6/2/

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