

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90473 048 ***150.00

DOCUMENT # P03000065129

1. Entity Name
CLEAN REFLECTIONS INC



Principal Place of Business
**10643 FOX SQUIRREL LN
JACKSONVILLE, FL 32257**

Mailing Address
**10643 FOX SQUIRREL LN
JACKSONVILLE, FL 32257**

04053853



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004

Chg-P

CR2E034 (10/03)

Changed

City & State

City & State

4. FEI Number

90-0110370
20-0046270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASSING, CAMILLA A
10643 FOX SQUIRREL LN
JACKSONVILLE, FL 32257**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVT
HASSING, CAMILLA A
10643 FOX SQUIRREL LN
JACKSONVILLE, FL 32257**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HASSING, KEVIN
10643 FOX SQUIRREL LN
JACKSONVILLE, FL 32257**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Kevin Hassing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-05-04

904 880-8402

Date

Daytime Phone #

Attachment

Clean Reflections Inc

10643 fox squirrel Ln.
Jacksonville, FL 32257

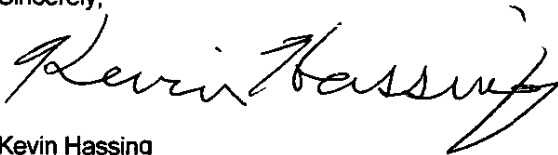
#03000005129
54053853

May 6, 2004

Dear Sir or Madam:

We ask that you please excuse this being late and abate any penalties. This was caused by the IRS. Because of a typing error on part of the IRS internally, we were assigned 3 different E.I.N. s. this mess took a while to resolve and held up this form being processed and sent to you accurately. We were assigned E.I.N. s 90-0110370, 20-0046670, and 20-0046770. This mess just got resolved and we have been told we are keeping E.I.N. 90-0110370 and the others are being deleted.

Sincerely,



Kevin Hassing
President