

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000098565

1. Entity Name
ELEGANT REFLECTIONS INC.



Principal Place of Business
**4905 CHIQUITA BLVD. S.
SUITE 102
CAPE CORAL, FL 33914**

Mailing Address
**4905 CHIQUITA BLVD. S.
SUITE 102
CAPE CORAL, FL 33914**



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0293219

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENRI, HOLLY
4905 CHIQUITA BLVD
SUITE 102
CAPE CORAL, FL 33914**

**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

Holly Cooper

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

(NOTE: Registered Agent signature required when reinstating)

U000000773317
09/05/07-80006-006 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. HENRI, HOLLY 2522 SW 27TH PLACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Holly Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #