


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90141 022 \*\*\*150.00

<b>DOCUMENT # P03000106454</b> 1. Entity Name <b>ELEGANT REFLECTIONS OF SARASOTA, INC.</b>			
Principal Place of Business <b>4869 CEDAR OAK WAY SARASOTA, FL 34233</b>		Mailing Address <b>4869 CEDAR OAK WAY SARASOTA, FL 34233</b>	
2. Principal Place of Business - No P.O. Box # <b>2878 Alex McKay Place</b>		3. Mailing Address <b>2878 Alex McKay Place</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>	
Zip <b>34240-8400</b>		Zip <b>34240-8400</b>	
Country 		Country 	
4. FEI Number <b>20-0288701</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARDI, KAREN S 4869 CEDAR OAK WAY SARASOTA, FL 34233</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2878 Alex McKay Place</b>  City <b>Sarasota FL</b>	
Zip Code <b>34240-8400</b>		Zip Code <b>34240-8400</b>	
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>Karen S Bardi</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>BARDI, KAREN S</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4869 CEDAR OAK WAY</b>	CITY-ST-ZIP <b>SARASOTA, FL 34233</b>	<b>2878 Alex McKay Place 34240-8400</b>	
TITLE <b>EVP</b>	NAME <b>BARDI, LOUIS JR.</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4869 CEDAR OAK WAY</b>	CITY-ST-ZIP <b>SARASOTA, FL 34233</b>	<b>2878 Alex McKay Place 34240-8400</b>	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	<b>2878</b>	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
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.			
<b>SIGNATURE:</b> <u>Karen S Bardi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-2-07</b> <small>Date</small>	
		<small>Daytime Phone #</small>	