


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/27/2004-90002-020-\$150.00-\$150.00

FILED

04 OCT 18 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000113493		
1. Entity Name REMARKABLE REFLECTIONS REDESIGN, INC.		

Principal Place of Business 14 PILOT PL WINTER HAVEN, FL 33881	Mailing Address 14 PILOT PL WINTER HAVEN, FL 33881
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



09222004

Chg-P

CR2E034 (10/03)

Fee Number 1205033295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GEHRING, FAYE A 14 PILOT PL WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 resigning)) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GEHRING, FAYE A 14 PILOT PL WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Faye A Gehring 9/23/04 863-297-5030  
DATE DAYTIME PHONE #

10fz

B

2082

Remarkable Reflections

Interior Redesign

14 Pilot Place

Winter Haven, FL 33881

863-738-3181

Florida Department of State

October 14, 2004

Division of Corporations

PO Box 6327

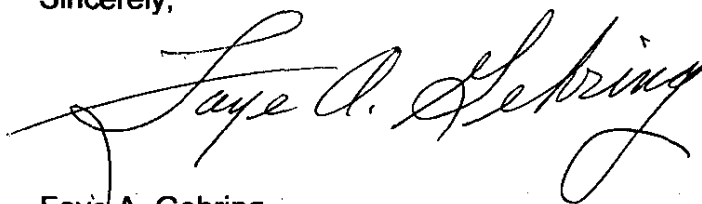
Tallahassee, FL 32314

Reference Number P03000113493

This is to advise I did not receive a notice to file for the Annual Report for 2004. I was incapacitated from January until August of this year and was unable to conduct any business. I had just prepared to start working when the hurricanes struck. I request the late fee be waved due to the above circumstances.

Thank you for your consideration of my situation.

Sincerely,

A handwritten signature in cursive script, reading "Faye A. Gehring". The signature is written in dark ink and is positioned above the printed name.

Faye A. Gehring