# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# P08000063329

**Entity Name:** REFLECTIONS CARE CLUB, INC.

**Current Principal Place of Business:**

21515 LANGHOLM RUN
ESTERO, FL 33928 US

**New Principal Place of Business:**

5711 INDEPENDENCE CIRCLE
FORT MYERS, FL 33912 US

**Current Mailing Address:**

21515 LANGHOLM RUN
ESTERO, FL 33928 US

**New Mailing Address:**

5711 INDEPENDENCE CIRCLE
FORT MYERS, FL 33912 US

**FEI Number: 26-2901228** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEGO, ANDY
21515 LANGHOLM RUN
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

SEGO, ANDY
5711 INDEPENDENCE CIRCLE
FORT MYERS, FL 33912 US

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.

SIGNATURE: A SEGO 04/16/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: HOOLEY, TARA
Address: 21515 LANGHOLM RUN
City-St-Zip: ESTERO, FL 33928 US

Title: VP ( ) Delete
Name: SEGO, ANDY
Address: 21515 LANGHOLM RUN
City-St-Zip: ESTERO, FL 33928 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: HOOLEY, TARA
Address: 5711 INDEPENDENCE CIRCLE
City-St-Zip: FORT MYERS, FL 33912 US

Title: VP (X) Change ( ) Addition
Name: SEGO, ANDY
Address: 5711 INDEPENDENCE CIRCLE
City-St-Zip: FORT MYERS, FL 33912 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA HOOLEY P 04/16/2009
Electronic Signature of Signing Officer or Director Date