

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90069 039 ***158.75

DOCUMENT # P95000056875

1. Entity Name
MIRROR PROPERTIES CORP.



Principal Place of Business
**225 EAST LEMON STREET
SUITE 300
LAKELAND, FL 33801**

Mailing Address
**PO BOX 24628
LAKELAND, FL 33802**

40041536



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3326676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, PHILIP O
225 EAST LEMON STREET SUITE 300
LAKELAND, FL 33801**

**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 _____
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ALLEN, PHILIP O
STREET ADDRESS	225 EAST LEMON STREET, SUITE 300
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	DP
NAME	HERMANS, JOSEF C
STREET ADDRESS	2123 PECKHAM
CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	DT
NAME	FARNSWORTH, LEE
STREET ADDRESS	1501 S FLORIDA AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	UNGER, JENNIFER
STREET ADDRESS	7154 E STETSON
CITY-ST-ZIP	SCOTTSDALE, AZ 85291
TITLE	VP
NAME	Enlow, Grant
STREET ADDRESS	1501 S. Florida Ave.
CITY-ST-ZIP	Lakeland, FL 33803
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 Philip O. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07 (863) 683-6511
Date Daytime Phone #