
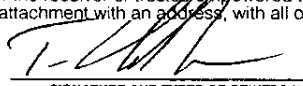


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90234 037 ***150.00

DOCUMENT # P96000009938 1. Entity Name REFLECTIONS PET URNS, INC.					
Principal Place of Business 6225 72ND AVE N PINELLAS PARK FL 33781 US			Mailing Address 6225 72ND AVE N PINELLAS PARK FL 33781 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3357639 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GARIANO, SHARON M 4681-78 AVE N PINELLAS PARK FL 33781	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARIANO, SHARON M 4681-78 AVE NORTH PINELLAS PARK FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARIANO, TERENCE C 4681-78 AVE NORTH PINELLAS PARK FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
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:  TERENCE C. GARIANO <div style="float: right;"> 3/30/04 (727) 548-1452 <small>Date Daytime Phone #</small> </div>					

14021764



MOORE CR2E034 (11/03)