


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000093683**

1. Entity Name  
REFLECTIONS OF CRYSTAL, INC.



Principal Place of Business 1114 OLEANDER ROAD LANTANA, FL 33462	Mailing Address 1114 OLEANDER ROAD LANTANA, FL 33462
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**DO NOT WRITE IN THIS SPACE**



02152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0793340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, SANDRA M  
1114 OLEANDER ROAD  
LANTANA, FL 33462

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

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

U00000111832  
04/13/04-80036-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSC RUSSELL, SANDRA M 1114 OLEANDER ROAD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUSSELL, FRED W 1114 OLEANDER RD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:** *Sandra M. Russell* **Sandra M. Russell Pres.** **4-8-04** **261-584-3365**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #