


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000015359
 1. Entity Name
 WINDOW REFLECTIONS, INC.



Principal Place of Business Mailing Address
 103 N MAIN STREET 103 N MAIN STREET
 WILDWOOD, FL 34785 WILDWOOD, FL 34785

DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3494135	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
 STAFFORD, ROXANNE
 3616 STEPHEN ROAD
 LADY LAKE, FL 32159

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD STAFFORD, ROXANNE 3616 STEPHEN ROAD LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, LESLIE S 3616 STEPHEN ROAD LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000233031
 02/17/05-80022-022 150.00

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:  **Roxanne Stafford** ✓ 2-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #