



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000036940 1. Entity Name REFLECTION MORTGAGE CORP.						FILED 04 JUL 19 AM 9:15 SECRETARY OF STATE <i>04/27/04 900921015 300.00</i> 	
Principal Place of Business 1617 SANTA BARBARA BLVD CAPE CORAL, FL 33991		Mailing Address 1617 SANTA BARBARA BLVD CAPE CORAL, FL 33991					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
07152004		Chg-P		CR2E034 (10/03)			
4. FEI Number 65-0921654				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				7. Name and Address of New Registered Agent			
VALENTINE, MATTHEW 1617 SANTA BARBARA BLVD CAPE CORAL, FL 33991				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 _____ DATE _____							
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			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	D <input type="checkbox"/> Delete	VALENTINE, MATTHEW		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		530 SE 34 ST		NAME			
STREET ADDRESS		CAPE CORAL, FL 33904		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	VALENTINE, CRISTY		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		530 SE 34 STREE		NAME			
STREET ADDRESS		CAPE CORAL, FL 33904		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	VALENTINE, MICHAEL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		1806 SE 6TH AVE		NAME			
STREET ADDRESS		CAPE CORAL, FL 33990		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	VALENTINE, CONNIE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		1806 SE 6TH AVE		NAME			
STREET ADDRESS		CAPE CORAL, FL 33990		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: <i>Christy Valentine</i>				Date _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____			

REFLECTION MORTGAGE CORP.

(941) 573-4223
Fax (941) 573-4336

1617 Santa Barbara Blvd. • Cape Coral, Florida 33990

July 19, 2004

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

ATTN: Tyrone Scott

Dear Mr. Scott,

This letter is to remind you of my situation. My company, Reflection Mortgage Corp., filed our annual report and sent in a fee of \$150 in April 2004. Our check was cashed on April 27, 2004. I received an Intent to dissolve notice in the mail in the beginning of July. Per our phone conversation today, I have enclosed a copy of Reflection's report, our tracking number and a copy of our cancelled check. I hope this can rectify this situation. Please contact me and let me know when it is settled. Thank you for your cooperation in this matter.

Sincerely,



Cristy Valentine, Owner
Reflection Mortgage Corp.

Phone: 239-565-9697

Fax: 239-542-0409

Email: cristyatrmc@aol.com