

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000036940

**FILED**  
**Jan 06, 2005**  
**Secretary of State**

**Entity Name:** REFLECTION MORTGAGE CORP.

**Current Principal Place of Business:**

1617 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1617 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991

**New Mailing Address:**

**FEI Number:** 65-0921654      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALENTINE, MATTHEW  
1617 SANTA BARBARA BLVD  
CAPE CORAL, FL 33991      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: VALENTINE, MATTHEW  
Address: 530 SE 34 ST  
City-St-Zip: CAPE CORAL, FL 33904

Title: D      ( ) Delete  
Name: VALENTINE, CRISTY  
Address: 530 SE 34 STREE  
City-St-Zip: CAPE CORAL, FL 33904

Title: D      ( ) Delete  
Name: VALENTINE, MICHAEL  
Address: 1806 SE 6TH AVE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D      ( ) Delete  
Name: VALENTINE, CONNIE  
Address: 1806 SE 6TH AVE  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTY VALENTINE

D

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date