

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90058 029 ***150.00

DOCUMENT # P99000061198

1. Entity Name

REFLECTIONS JEWELRY, INC.



Principal Place of Business

8930 WESTERN WAY
180
JACKSONVILLE FL 32256

Mailing Address

8930 WESTERN WAY
180
JACKSONVILLE FL 32256

54043022



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3585700**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, THOMAS A
8930 WESTERN WAY
SUITE 180
JACKSONVILLE FL 32256

Name

James D. Francis

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVP ☐ Delete
NAME RAY, J G JR
STREET ADDRESS 8930 WESTERN WAY STE 180
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE DVP ☐ Delete
NAME FRANCIS, JAMES D
STREET ADDRESS 8930 WESTERN WAY STE 180
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VPST ☒ Delete
NAME FERGUSON, THOMAS A
STREET ADDRESS 8930 WESTERN WAY STE 180
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE DP ☐ Delete
NAME INMAN, RONALD C
STREET ADDRESS 5555 COTTAGE FARM ROAD
CITY-ST-ZIP ALPHARETTA GA 30022

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04 904-538-9931

Date

Daytime Phone #