

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90061 020 ***150.00

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1. Entity Name
ISLAND REFLECTIONS HAIR SALON, INC.



Principal Place of Business
**925 N COURTENAY PARKWAY STE 22
MERRITT ISLAND, FL 32953**

Mailing Address
**925 N COURTENAY PARKWAY STE 22
MERRITT ISLAND, FL 32953**

30009781



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3611084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KINDER, SYLVIA G
925 N COURTENAY PKWY #22
MERRITT ISLAND, FL 32953**

**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 _____
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, 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	P
NAME	KINDER, SYLVIA G
STREET ADDRESS	230 MINDY AVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	V
NAME	NOI PORTER, VARAPA
STREET ADDRESS	2090 PORPOISE ST
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	STD
NAME	NORTON, TANYA
STREET ADDRESS	1855 GEORGE AVE 8654 N. ATLANTIC AVE.
CITY-ST-ZIP	ROCKLEDGE, FL 32955 CAPE CANAVERAL, FL 32920
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04 (321)453-7427
Date Daytime Phone #