

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000103635**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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, 2007 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  
P  
KINDER, SYLVIA G  
230 MINDY AVE  
MERRITT ISLAND, FL 32953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
NOI PORTER, VARAPA  
2090 PORPOISE ST  
MERRITT ISLAND, FL 32953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
NORTON, TANYA  
8654 N. ATLANTIC AVE  
CAPE CANAVERAL, FL 32920 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
1101000707050  
04/24/07-80058-025 150.00

TITLE  
NAME  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *XS... AKIL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #