


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2004 08:00 AM
Secretary of State

DOCUMENT # S51562	
1. Entity Name MARISAL REFLECTIONS, INC.	

Principal Place of Business 20359 PENNSYLVANIA AVE STE 1 DUNNELLON, FL 34432 US	Mailing Address PO BOX 577 DUNNELLON, FL 34430 US
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DO NOT WRITE IN THIS SPACE



6092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0260067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KENNY, MARIANNE
12727 SW 93RD ST
DUNNELLON, FL 34431**

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENNY, MARIANNE 20359 E PENNSYLVANIA AVE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV VITARELLI, BRUCE 20359 E PENNSYLVANIA AVE DUNNELLON, FL 34432
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06/16/04-80003-011 150.00

**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: *Marianne Kenny* **MARIANNE KENNY** Pres *6/13/04* 352 465 2776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #