

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004660

1. Entity Name
PASCAL COMPANY, INC.



Principal Place of Business
**2929 N.E. NORTHUP WAY
BELLEVUE, WA 98009-1478**

Mailing Address
**P.O. BOX 1478
BELLEVUE, WA 98009-1478**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
91-0357700

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARRASQUILLO, FRED
6772 PALMETTO CIRCLE S., APT. 105
BOCA RATON, FL 33433**

**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
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
**CP
PASCHALL, BEN
7720-131ST N.E.
KIRKLAND, WA 98033**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
WATTON, DAVID
11420 N.E. 112TH STREET
KIRKLAND, WA 98033**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
SIWINSKI, JANET
14310 N.E. 12TH PL.
BELLEVUE, WA 98007**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
PELLICANO, JOE
1410 222ND PL. NORTHEAST
SAMMAMISH, WA 98074**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000163132
07/06/04-80001-006 150.00

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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:

David Watton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WATTON

7-2-04

425-602-3636

Date

Daytime Phone #