2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AN

SIGNATURE:

Feb 25, 2004 8:00 am Secretary of State DOCUMENT # F02000004457 02-25-2004 90010 050 ***150 00 COAST TO COAST CONTRACTORS, INC. Principal Place of Business Mailing Address 644 HILLCREST DRIVE 644 HILLCREST DRIVE TACATATE WAUPACA WI 54981 WAUPACA WI 54981 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 39-2032714 Not Applicable Zip. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. STE. 200 TALLAHASSEE FL 32302 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. 2/10/04 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition Vice President STEGATH, MURRAY C NAME NAME Randy Kadolph STREET ADDRESS 644 HILLCREST DRIVE STREET ADDRESS 644 Hillcrest Drive WAUPACA WI 54981 CITY-ST-ZIP CITY-ST-ZIP Waupaca, WI 54981 X Delete TITLE TITLE Change Addition Secretary/Treasurer STEGATH, PERDITA A NAME Kurt Kadolph STREET ADDRESS 644 HILLCREST DRIVE STREET ADDRESS 644 Hillcrest Drive CITY-ST-ZIP WAUPACA WI 54981 CITY-ST-ZIP Waupaca, WI 54981 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

Murray Stegath

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04

715-256-0476

Daytime Phone #

FILED