


**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
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 91-0357700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	

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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 **DAVID WATTON** 7-2-04 425-602-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #