## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P98000072517 1. Entity Name 04-28-2005 90171 044 \*\*\*150.00 COPPER CREATIONS, INC. Principal Place of Business Mailing Address 35746 OAKRIDGE DRIVE LEESBURG FL 34788 35746 OAKRIDGE DRIVE 14003607 LEESBURG FL 34788 2. Principal Place of Business Mailing Address Highland RD Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3530109 Not Applicable 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 SQUIRES, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 35746 OAKRIDGE DRIVE LEESBURG FL 34788 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TOLE VΡ TITLE ☐ Change ☐ Addition ☐ Delete SQUIRES, WILLIAM E NAME NAME 35746 OAK RIDGE DRIVE STREET ADDRESS SIRFET ADDRESS CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-ZIP Delete TITLE TITLE ☐ Channe ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

FICER OR DIRECTOR

**SIGNATURE:** 

**FILED**