


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90171 044 ***150.00

DOCUMENT # P98000072517			
1. Entity Name COPPER CREATIONS, INC.			
Principal Place of Business 35746 OAKRIDGE DRIVE LEESBURG FL 34788		Mailing Address 35746 OAKRIDGE DRIVE LEESBURG FL 34788	
2. Principal Place of Business * 33913 Highland RD		3. Mailing Address 33913 Highland RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LEESBURG FL		City & State LEESBURG FL	
Zip 34788	Country LAKE	4. FEI Number 59-3530109	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SQUIRES, WILLIAM E 35746 OAKRIDGE DRIVE LEESBURG FL 34788		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SQUIRES, WILLIAM E 35746 OAK RIDGE DRIVE LEESBURG FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-05 352-742-0022