

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90013 006 ***158.75

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1. Entity Name

COASTAL CONCRETE CREATIONS, INC.



Principal Place of Business

1209 MOONLIGHT WAY
ROYAL PALM BEACH FL 33411-3083
US

Mailing Address

1209 MOONLIGHT WAY
ROYAL PALM BEACH FL 33411-3083
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0922389

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGGINS, FREDERICK
1209 MOONLIGHT WAY
ROYAL PALM BEACH FL 33411-3083

Name *Rhonda Lynn Higgins*

Street Address (P.O. Box Number is Not Acceptable)

1209 Moonlight Way

City *Royal Palm Beach*

FL

Zip Code *33411*

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

Rhonda Higgins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/2004

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, FREDERICK C	
STREET ADDRESS	1209 MOONLIGHT WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411-3083	
TITLE	TS	<input type="checkbox"/> Delete
NAME	HIGGINS, RHONDA L	
STREET ADDRESS	1209 MOONLIGHT WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411-3083	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>P Higgins, Frederick C</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1209 moonlight Way</i>	
STREET ADDRESS	<i>Royal Palm Beach FL, 33411</i>	
CITY-ST-ZIP		
TITLE	<i>VP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Higgins, Rhonda L</i>	
STREET ADDRESS	<i>1209 Moonlight Way</i>	
CITY-ST-ZIP	<i>Royal Palm Beach FL, 33411</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rhonda Higgins VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/2004 333 7405