2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 21, 2004 8:00 am Secretary of State

| 1. Entity Nam | MENT # V28767 | | | 04-21-2004 90084 047 ***150.00 | |
|--|---|--|---|---|------------------|
| COASTAL | . CREATIONS, INC. | | | | |
| Principal Place | e of Business | Mailing Address | | - | |
| 2215 W. CEI PENSACOL/ US | RVANTES STREET A FL 32503 | 1102 W. WISCOMEIN AND APPLETON WI 54915 | BANE 10325 U | LEST (AND IN 1971) | |
| 2. Principal P | ace of Business | 3. Mailing Address | sHand 10 | | |
| Suire, Apt. | #, eic. | Suite, Apt. #, etc. | | MOORE CR2E034 (11/03) | |
| City & State | | Sity & State Apple ton | WI | 4. FEI Number 59-3117325 Applied For Not Applied | |
| Zip | Country | 54915 | Country A | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | Name | - 7. Name and Address of New Registered Agent | |
| -4 58 (| SELL, YVONNE 5 BAYWOODS D R. 3/39 ISACOLA FL 325045 | MARICUS Point Bl 32505 | | ss (P.O. Box Number is Not Acceptable) | |
| , | 0,000,000 | 32505 | City | FL Zip Code | |
| | named entity submits this statement to ions of registered agent. | r the purpose of changing its req | gistered affice or regis | stered agent, or both, in the State of Florida. I am familiar with, and according | api |
| SIGNATURE | Signature, typical or pointing name of registered agont | and the Happheather (NOTE, Re | Systemed Agent Signature mode | unud which roinstating) DATE | |
| After | ILE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 Payable to Florida Department o | State | | 9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees | ie |
| 10. | OFFICERS AND | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TUTLE ALAME STREET ADDRESS | HASSEL, RUSSELL | ` 🗀 Delete | TITLE | ☐ Change ☐ Add | |
| CITY-ST-ZIP | 4505 BAYWOODS OR. 3/37 PENSACOLA FL 32505 | MARCUP Pointe Blod. | NAME STREET ADDRESS CITY-ST-ZIP | | ition |
| l . | PENSACOLA FL 325045 | Pointe Blod. | STREET ADORESS | ☐ Change ☐ Add | |
| TITLE NAME STREET ADDRESS | | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ☐ Change ☐ Add | lition |
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indicated on this report of supplemental report is superand accounted and that my signature sharmare the same legal effect as in made under oard, man and thick to differ on the component of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachingest with an address, with all other like empowered.

Daytime Phone #