



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-21-2004 90084 047 \*\*\*150.00

<b>DOCUMENT # V28767</b> 1. Entity Name <b>COASTAL CREATIONS, INC.</b>																											
Principal Place of Business <b>2215 W. CERVANTES STREET PENSACOLA FL 32503 US</b>		Mailing Address <b>1102 W. WISCONSIN AVENUE 10325 Westland Dr APPLETON WI 54915</b>																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>1032 S. Westland Dr</b> Suite, Apt. #, etc. City & State <b>Appleton WI</b> Zip <b>54915</b>																									
																											
		MOORE CR2E034 (11/03)																									
		4. FEI Number <b>59-3117325</b>																									
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>HASSELL, YVONNE 4505 BAYWOODS DR. 3139 MARCUS PENSACOLA FL 32505 Pointe Blvd 32505</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																									
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**SIGNATURE:** *Russell Hassell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-17-04*  
 Date

Daytime Phone #