

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000013067

FILED
Apr 28, 2005
Secretary of State

Entity Name: COASTAL MEDICAL RESEARCH INC.

Current Principal Place of Business:

5111 S. RIDGEWOOD AVE.
SUITE 301
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

5111 S. RIDGEWOOD AVENUE
SUITE 301
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3358441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDEE, TRISH
5111 S. RIDGEWOOD AVE.
SUITE 301
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUILLEM, ALVARO F.
Address: 3546 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: HARDEE, TRISH
Address: 1721 ORANGETREE DR.
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: GUILLEM, MARY A
Address: 3546 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: DA () Delete
Name: HARDEE, BRUCE
Address: 1721 ORANGE TREE DRIVE
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARDEE, TRISH
Address: 521 WILDWOOD DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DA (X) Change () Addition
Name: HARDEE, BRUCE
Address: 521 WILDWOOD DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN GUILLEM

DF

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date