2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90221 044 ***150.00

DOCUMENT # P00000025076

1. Entity Name
COASTAL EYE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
215 E GRANADA ORMOND BEACH, FL 32176	215 E GRANADA ORMOND BEACH, FL 32176

05032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2400 Veterans Mem Pkwy		348 Fordham Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orange city, FL		City & State: Daytona Bch, FL	
Zip: 32763	Country: Volusia	Zip: 32118	Country: Volusia

4. FEI Number: 59-3632011 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLENBERGER, SUSAN
215 E GRANADA
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
~~348 FORDHAM DR~~
2400 Veterans Mem Pkwy
City: Orange City FL Zip Code: 32763 ~~32118~~

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: Susan Sullenberger, VP — DATE: 5-2-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BRANTLEY, KEVIN		NAME		
STREET ADDRESS	215 E GRANADA		STREET ADDRESS	2400 Veterans Mem Pkwy	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	orange City, FL 32763	
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SULLENBERGER, SUSAN		NAME		
STREET ADDRESS	215 E GRANADA		STREET ADDRESS	2400 Veterans Mem Pkwy	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Orange City, FL 32763	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Susan Sullenberger, VP — 5-2-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #