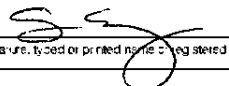
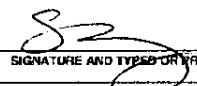


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 215 E GRANADA ORMOND BEACH, FL 32176		Mailing Address 215 E GRANADA ORMOND BEACH, FL 32176	
2. Principal Place of Business 2400 Veterans Mem Pkwy Suite, Apt. #, etc.		3. Mailing Address 346 Fordham Dr. Suite, Apt. #, etc.	
City & State Orange city, FL Zip 32763		City & State Daytona Bch, FL Zip 32118	
Country Volusia		Country Volusia	
4. FEI Number 59-3632011		Applied For ☐ No: 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) 346 FORDHAM DR 2400 Veterans Mem Pkwy City Orange City FL Zip Code 32763	
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 true if applicable. (NOTE: Registered Agent signature required when resigning)			
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 11	
TITLE P NAME BRANTLEY, KEVIN STREET ADDRESS 215 E GRANADA CITY-STATE-ZIP ORMOND BEACH, FL 32176	☐ Delete	TITLE Charge ☒ ☐ Addition	NAME 2400 Veterans Mem Pkwy STREET ADDRESS Orange City, FL 32763 CITY-STATE-ZIP
TITLE VP NAME SULLENBERGER, SUSAN STREET ADDRESS 215 E GRANADA CITY-STATE-ZIP ORMOND BEACH, FL 32176	☐ Delete	TITLE Charge ☒ ☐ Addition	NAME 2400 Veterans Mem Pkwy STREET ADDRESS Orange City, FL 32763 CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Charge ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Charge ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Charge ☐ Addition
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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 5-2-04 Date Daytime Phone #	