


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000099335</b> 1. Entity Name <b>ULTRA SOUND MOBILE SERVICE, INC.</b>	
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Principal Place of Business <b>5805 CORONADA BOULEVARD PENSACOLA, FL 32507</b>	Mailing Address <b>5805 CORONADA BOULEVARD PENSACOLA, FL 32507</b>
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**DO NOT WRITE IN THIS SPACE**



09132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3757592</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOPPER, THOMAS R  
5805 CORONADA BOULEVARD  
PENSACOLA, FL 32507**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPPER, MELANIE A 5805 CORONADA BOULEVARD PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPPER, THOMAS R 5805 CORONADA BOULEVARD PENSACOLA, FL 32507
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09/16/05-80001-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Thomas R Hopper **9/6/05 850 4924637**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #