


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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).

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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05/18/06-80038-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #