

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043199

Entity Name: COASTAL IMAGING, INC.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

26092 OCELOT LANE  
PUNTA GORDA, FL 33983

## New Principal Place of Business:

27511 LIPIZZAN TRAIL  
PUNTA GORDA, FL 33950

## Current Mailing Address:

26092 OCELOT LANE  
PUNTA GORDA, FL 33983

## New Mailing Address:

27511 LIPIZZAN TRAIL  
PUNTA GORDA, FL 33950

FEI Number: 20-2550411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOUCHER, LISA M  
26092 OCELOT LANE  
PUNTA GORDA, FL 33983 US

## Name and Address of New Registered Agent:

BOUCHER, LISA M  
27511 LIPIZZAN TRAIL  
PUNTA GORDA, FL 33950 US

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: LISA BOUCHER

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: BOUCHER, LISA M  
Address: 26092 OCELOT LANE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: V ( ) Delete  
Name: BOUCHER, BERT  
Address: 26092 OCELOT LANE  
City-St-Zip: PUNTA GORDA, FL 33983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: BOUCHER, LISA M  
Address: 27511 LIPIZZAN TRAIL  
City-St-Zip: PUNTA GORDA, FL 33950

Title: V (X) Change ( ) Addition  
Name: BOUCHER, BERT  
Address: 27511 LIPIZZAN TRAIL  
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA BOUCHER

DPST

01/19/2009

Electronic Signature of Signing Officer or Director

Date