

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-03-2004 91030 003 ***150.00

DOCUMENT # P98000001822

1. Entity Name
COASTAL ULTRASOUND, INC.



Principal Place of Business
**6449 DRIFTWOOD DRIVE
HUDSON, FL 34667**

Mailing Address
**6449 DRIFTWOOD DRIVE
HUDSON, FL 34667**

66427378



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3497666

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHITEMORE, CHARLES
6449 DRIFTWOOD DR
HUDSON, FL 34667**

**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

Charles Whitmore

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WHITEMORE, CHARLES
6449 DRIFTWOOD DRIVE
HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Charles Whitmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/04 727-868-8288

Date

Daytime Phone #