

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 532394

1. Entity Name
MIDDLE EAR, INC.



Principal Place of Business

% RICHARD ASHBY
1801 BAY ROAD
MIAMI BEACH, FL 33139

Mailing Address

% RICHARD ASHBY
1801 BAY ROAD
MIAMI BEACH, FL 33139



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2166912

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHBY, RICHARD
1801 BAY ROAD
MIAMI BEACH, FL 33139

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GIBB, BARRY
STREET ADDRESS 1801 BAY ROAD
CITY-ST-ZIP MIAMI BEACH, FL

TITLE VP
NAME ASHBY, RICHARD
STREET ADDRESS 1801 BAY ROAD
CITY-ST-ZIP MIAMI BEACH, FL

TITLE S
NAME ADDICOT, SARI
STREET ADDRESS 450 N PARK RD #405
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE T
NAME GIBB, LINDA
STREET ADDRESS 1801 BAY ROAD
CITY-ST-ZIP MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000212392
02/03/05-80027-014 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/5

305 672 2390