

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057548

**FILED**  
**Jan 21, 2006**  
**Secretary of State**

**Entity Name:** BAYSIDE HEARING AID CENTER, INC.

**Current Principal Place of Business:**

16450 SAN CARLOS BLVD #3  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

16450 SAN CARLOS BLVD #3  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 65-1112326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINN, ELEANOR RITA  
16450 SAN CARLOS BLVD #3  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WINN, ELEANOR RITA  
Address: 14995 RIVERS EDGE COURT - #150  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WINN, ELEANOR RITA  
Address: 7950 BUCANEER DR  
City-St-Zip: FORT MYERS BCH, FL 33931

I hereby certify that the information supplied with this filing does not qualify for the 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: ELEANOR RITA WINN

CEO

01/21/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date