

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332120

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MAGNATONE HEARING AID CORPORATION

**Current Principal Place of Business:**

170 N. CYPRESS WAY  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

170 N. CYPRESS WAY  
P O BOX 180964  
CASSELBERRY, FL 327180964 US

**New Mailing Address:**

PO BOX 180964  
CASSELBERRY, FL 327180964 US

FEI Number: 59-1224325      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CAMPBELL, DONALD E  
245 ARNOLD LANE  
WINTER SPRINGS, FL 32708 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: VPS ( ) Delete  
Name: CAMPBELL, BEVERLY J.  
Address: 1411 S. GRANT ST.  
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete  
Name: CAMPBELL, CINDY  
Address: 139 W. YORK CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: P ( ) Delete  
Name: CAMPBELL, DONALD E  
Address: 245 ARNOLD LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: VPS (X) Change ( ) Addition  
Name: CAMPBELL, BEVERLY J VP S  
Address: 1411 S. GRANT ST.  
City-St-Zip: LONGWOOD, FL 32750

Title: T (X) Change ( ) Addition  
Name: CAMPBELL, CINDY L TREAS  
Address: 2132 CUNNINGHAM DR.  
City-St-Zip: CLEARWATER, FL 33763

Title: P (X) Change ( ) Addition  
Name: CAMPBELL, DONALD E PRES  
Address: 245 ARNOLD LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: DONALD EK CAMPBELL

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date