


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91018 018 \*\*\*150.00

<b>DOCUMENT # 393134</b>		
1. Entity Name WORLD OF SOUNDS HEARING AID COMPANY, INC.		

Principal Place of Business 3913 N FED HWY POMPAÑO BEACH, FL 33064	Mailing Address 3913 N FED HWY POMPAÑO BEACH, FL 33064
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94081583

2. Principal Place of Business 2661 NE 46 STREET Suite, Apt. #, etc.	3. Mailing Address 2661 NE 46 STREET Suite, Apt. #, etc.
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City & State LIGHTHOUSE POINT, FL	City & State LIGHTHOUSE POINT, FL
Zip 33064	Country



04262004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1398813	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HODDENBACH, LEO 3913 N FED HWY POMPAÑO BEACH, FL 33064	7. Name and Address of New Registered Agent Name HODDENBACH, LEO Street Address (P.O. Box Number is Not Acceptable) 2661 NE 46 STREET City LIGHTHOUSE POINT FL Zip Code 33064
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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
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODDENBACH, LEO 3913 N. FEDERAL HWY. POMPAÑO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODDENBACH, LEO 2661 NE 46 STREET LIGHTHOUSE POINT, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLIS, SHELBY 3913 N. FEDERAL HWY. POMPAÑO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLIS, SHELBY 2661 NE 46 STREET LIGHTHOUSE POINT, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HODDENBACH, VICTORIA 3913 N. FEDERAL HWY. POMPAÑO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HODDENBACH, VICTORIA 2661 NE 46 STREET LIGHTHOUSE POINT, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Leo Hoddenbach	DATE 4/27/04	DAYTIME PHONE # 946-2421
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