


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED


04 FEB -3 PM 12:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F08525 1. Entity Name BECKNER HEARING AIDS, INC.	
--	---

Principal Place of Business 408 W. RENFRO STREET, SUITE #101 PLANT CITY, FL 33566	Mailing Address 408 W. RENFRO STREET, SUITE #101 PLANT CITY, FL 33566
---	---

DO NOT WRITE IN THIS SPACE

	
01112004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-2046322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKNER, SUSAN
408 W RENFRO ST 101, WALDEN BLDG
PLANT CITY, FL - 33566

**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.

200028312362
02/06/04--01003--011 **150.00

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VPS BECKNER, ROBERT L. 509 EAST EDGEWOOD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BECKNER, SUSAN 506 EAST EDGEWOOD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Susan Beckner 1/29/04 8137543955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #