

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # F20422 1. Entity Name COUNTRYSIDE HEARING AID SERVICES, INC.	
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Principal Place of Business 25829 U S 19 NORTH CYPRESS POINT SHOPPING CTR CLEARWATER, FL 33763	Mailing Address 25829 U S 19 NORTH CYPRESS POINT SHOPPING CTR CLEARWATER, FL 33763
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DO NOT WRITE IN THIS SPACE



04162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2072101	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, HENRY L
2993 KENILWICK DR SOUTH
CLEARWATER, FL 33761

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FOWLER, H L 2993 KENILWICK DR., S. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS FOWLER, SUSAN W 2993 KENILWICK DR., S. CLEARWATER, FL
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04/20/05-80080-016 150.00

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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)(f), 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: Henry L. Fowler 4-18-05 727-796-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #