


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G07026**  
 1. Entity Name  
 NU-EAR HEARING AIDS, INC.



Principal Place of Business  
 3626 HENDERSON BLVD  
 TAMPA FL 33609  
 US

Mailing Address  
 3626 HENDERSON BLVD  
 TAMPA FL 33609  
 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2173830**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SPETH STEPHEN J/  
 2903 ESTRELLA  
 TAMAP FL 33614

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_

**FILE-NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

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 | <input type="checkbox"/> Delete     |
|-------|------------------|----------------|-----------------|-------------------------------------|
| P     | SPETH, STEPHEN J | 2903 ESTRELLA  | TAMPA FL        | <input checked="" type="checkbox"/> |
|       |                  |                |                 | <input type="checkbox"/>            |
|       |                  |                |                 | <input type="checkbox"/>            |
|       |                  |                |                 | <input type="checkbox"/>            |
|       |                  |                |                 | <input type="checkbox"/>            |
|       |                  |                |                 | <input type="checkbox"/>            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

1000000066872  
 02/26/04-80032-020 150.00

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: *Stephen J. Speth* Date: *2/19/04* (813) 876-8374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR