

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G79568

FILED
Mar 15, 2004
Secretary of State

Entity Name: PROFESSIONAL HEARING AID CENTERS, INC.

Current Principal Place of Business:

% DONALD H. ELLSWORTH
3303 PARKWAY CENTER CT.
ORLANDO, FL 32808

New Principal Place of Business:

3303 PARKWAY CENTER CT.
ORLANDO, FL 32808

Current Mailing Address:

% DONALD H. ELLSWORTH
3303 PARKWAY CENTER CT.
ORLANDO, FL 32808

New Mailing Address:

3303 PARKWAY CENTER CT.
ORLANDO, FL 32808

FEI Number: 59-2348136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLSWORTH, ROBYN
3303 PARKWAYCENTER CT.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

ELLSWORTH, ROBYN
3303 PARKWAY CENTER CT.
ORLANDO, FL 32808 US

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: ROBYN ELLSWORTH

03/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLSWORTH, RANDY
Address: 1889 CRESTRIDGE DR
City-St-Zip: CLERMONT, FL 34711

Title: CPOV () Delete
Name: ELLISWORTH, ROBYN
Address: 6526 CRAINDALE DR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI (X) Change () Addition
Name: ELLSWORTH, RANDY
Address: 1889 CRESTRIDGE DR
City-St-Zip: CLERMONT, FL 34711

Title: OFFI (X) Change () Addition
Name: ELLISWORTH, ROBYN
Address: 6526 CRAINDALE DR
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBYN ELLSWORTH

OFFI

03/15/2004

Electronic Signature of Signing Officer or Director

Date