

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # H36945

1. Entity Name

NORTHEAST HEARING AID CENTER, INC.



Principal Place of Business

3177 FOURTH ST. E.
ST. PETERSBURG, FL 33704 US

Mailing Address

3177 FOURTH ST. E.
ST. PETERSBURG, FL 33704 US



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2463747

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALDMANN, FRED
8506 30 ST. E.
PARRISH, FL 34219

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 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

P
WALDMANN, FRED
8506 30 ST. E.
PARRISH, FL 34219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
WALDMANN, ARLENE
8506 30 ST. E.
PARRISH, FL 34219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
COLE, HOLLY
11326 30 COVE E.
PARRISH, FL 34219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000427485
02/21/06-80010-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Fred Waldmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06
Date

727822 2132
Daytime Phone #