

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90034 013 \*\*\*150.00

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



2. Principal Place of Business - No P.O. Box #

3515 14th W

3. Mailing Address

3515 14th W

Suite, Apt. #, etc.

Bradenton

Suite, Apt. #, etc.

Bradenton

City & State

FL

City & State

FL

Zip

30205

Country

USA

Zip

30205

Country

USA

1st MOORE

CR2E034 (10/06)

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

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

*Fred Waldmann*

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, 2007 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 P ☐ Delete  
NAME WALDMANN, FRED  
STREET ADDRESS 8506 30 ST. E.  
CITY ST ZIP PARRISH FL 34219

TITLE VP ☐ Delete  
NAME WALDMANN, ARLENE  
STREET ADDRESS 8506 30 ST. E.  
CITY ST ZIP PARRISH FL 34219

TITLE S ☐ Delete  
NAME COLE, HOLLY  
STREET ADDRESS 11326 30 COVE E.  
CITY ST ZIP PARRISH FL 34219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07 941 776  
5030

Date

Daytime Phone #