
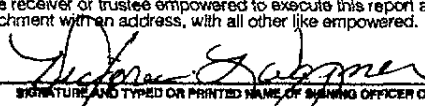


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # H68286 1. Entity Name GULF COAST HEARING AID CENTERS, INC.		
Principal Place of Business 6218 US HWY 301N ELLENTON, FL 34222 US		Mailing Address 6218 US HWY 301N ELLENTON, FL 34222 US
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;">01122004No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 59-2566197</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>		
6. Name and Address of Current Registered Agent WAGNER, DOUGLAS 6218 US HWY 301 N ELLENTON, FL 34222		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000129867 04/26/04-80094-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WAGNER, DOUGLAS 6218 US HWY 301 N ELLENTON, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTVP WAGNER, VICTORIA L 6218 US HWY 301N ELLENTON, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE 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)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-20-04 Daytime Phone # _____