
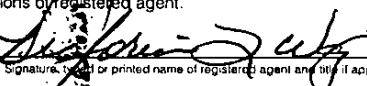
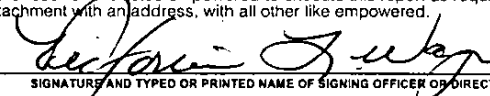


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90116 022 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 10315 Riverbank Terr		3. Mailing Address Same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. AS			
City & State Bradenton, FL		City & State # 2		4. FEI Number 59-2566197	
Zip 34212		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03062008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WAGNER, DOUGLAS 6218 US HWY 301N ELLENTON, FL 34222				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10315 Riverbank Terrace City Bradenton FL Zip Code 34212	
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, 2008 Fee will be \$550.00			9. Election Campaign Financing: Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	SD	<input type="checkbox"/> Delete	TITLE	10315 Riverbank Terrace	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, DOUGLAS		NAME	Bradenton, FL 34212	
STREET ADDRESS	6218 US HWY 301N		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON, FL		CITY-ST-ZIP		
TITLE	PTVP	<input type="checkbox"/> Delete	TITLE	10315 Riverbank Terrace	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, VICTORIA L		NAME	Bradenton, FL 34212	
STREET ADDRESS	6218 US HWY 301N		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					