

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90023 013 ***150.00

DOCUMENT # M79468

1. Entity Name
H-EAR BETTER, INC.



Principal Place of Business Mailing Address

4058 N. ARMENIA AVE., STE 107 4058 N. ARMENIA AVE., STE 107
 TAMPA FL 33607 8919 N. FLORIDA AVE.
 US TAMPA FL 33607
 US

04026838



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

4058 Fiesta PLAZA BLDG 4058 Fiesta PLZ, BLDG
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #107 #107

City & State City & State

TAMPA FL TAMPA FL

4. FEI Number 59-2914758 Applied For Not Applicable

Zip Country Zip Country

33607 Hillsborough 33607 Hillsborough

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

6. Name and Address of Current Registered Agent

FAULKNER, DOUGLAS H
 8919 N FLORIDA AVE
 TAMPA FL 33604

7. Name and Address of New Registered Agent

Name Douglas Faulkner H.
 Street Address (P.O. Box Number is Not Acceptable)
 4058 Fiesta PLAZA BLDG.
 #107
 City TAMPA FL Zip Code 33607

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 *Doug Faulkner* DATE 1-22-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004: 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	D	<input checked="" type="checkbox"/> Delete
NAME	FAULKNER, DOUGLAS H	
STREET ADDRESS	8919 N FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas H. Faulkner	
STREET ADDRESS	4058 Fiesta PLAZA BLDG #107	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Doug Faulkner* DATE: 4/22/04 DAYTIME PHONE #: 813-875-6697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR