2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024673

JACKSONVILLE, FL 32217

City-St-Zip:

me: JAX HEARING AND NOISE CONTROL INC

FILED Apr 28, 2004 Secretary of State

Entity Na	me: JAX HEA	RING AND NOISE CONTROL	., INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P O BOX 23867 JACKSONVILLE, FL 322413867			P O BOX 23867 JACKSONVILLE, FL	P O BOX 23867 JACKSONVILLE, FL 322413867 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P O BOX 2 JACKSON	23867 IVILLE, FL 322	2413867			
FEI Number	: 59-3632137	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
7823 JOLL JACKSON The above	IVILLE, FL 322		ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
0.0		nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (MATHERSON, 7823 JOLLIET JACKSONVILL	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (MATHERSON, 7823 JOLLIET		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAGE MATHERSON D 04/28/2004