

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024673

FILED
Apr 27, 2005
Secretary of State

Entity Name: JAX HEARING AND NOISE CONTROL, INC.

Current Principal Place of Business:

P O BOX 23867
JACKSONVILLE, FL 322413867 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 23867
JACKSONVILLE, FL 322413867

New Mailing Address:

FEI Number: 59-3632137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHERSON, PAGE
7823 JOLLIET DR.
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATHERSON, PAGE
Address: 7823 JOLLIET DR.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: MATHERSON, JILL
Address: 7823 JOLLIET DR.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JILL G. MATHERSON

VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date