

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085623

FILED  
May 11, 2005  
Secretary of State

Entity Name: ALL FLORIDA HEARING AID CENTERS, INC.

## Current Principal Place of Business:

3300 N PACE BLVD, STE A  
PENSACOLA, FL 32505

## New Principal Place of Business:

5528 N DAVIS HWY  
STE H  
PENSACOLA, FL 32503

## Current Mailing Address:

3300 N PACE BLVD, STE A  
PENSACOLA, FL 32505

## New Mailing Address:

5528 N DAVIS HWY  
STE H  
PENSACOLA, FL 32503

FEI Number: 59-3675755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAWKINS, THERESA G  
6320 EAST BAY BLVD  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

DAWKINS, THERESA G  
217 PAGE BACON RD  
#1  
MARY ESTHER, FL 32569 US

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:

05/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DAWKINS, NEIL W  
Address: 6320 E BAY BLVD  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: DAWKINS, STEPHEN  
Address: 631 STANLEYAVE  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: DAWKINS, THERESA G  
Address: 6320 EAST BAY BLVD  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DAWKINS, NEIL W  
Address: 217 PAGE BACON RD #1  
City-St-Zip: MARY ESTHER, FL 32569

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

Title: D (X) Change ( ) Addition  
Name: DAWKINS, THERESA G  
Address: 217 PAGE BACON RD #1  
City-St-Zip: MARY ESTHER, FL 32569

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: THERESA G DAWKINS

SECY

05/11/2005

Electronic Signature of Signing Officer or Director

Date