

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000085623

1. Entity Name
ALL FLORIDA HEARING AID CENTERS, INC.



Principal Place of Business
**5528 N DAVIS HWY
STE H
PENSACOLA, FL 32503**

Mailing Address
**5528 N DAVIS HWY
STE H
PENSACOLA, FL 32503**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3675755** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAWKINS, NEIL W
STREET ADDRESS	217 PAGE BACON RD #1
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	D
NAME	DAWKINS, STEPHEN
STREET ADDRESS	631 STANLEY AVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	DAWKINS, THERESA G
STREET ADDRESS	217 PAGE BACON RD #1
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80001-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Theresa G. Dawkins **Theresa G. Dawkins** 4/10/06

850 244-0422

Daytime Phone #