

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90038 021 \*\*\*150.00

DOCUMENT # P01000058495

1. Entity Name  
SCHUETTE HEARING AIDS, INC.



Principal Place of Business  
2585 COUNTYSIDE BLVD.  
109  
CLEARWATER, FL 33761

Mailing Address  
2585 COUNTYSIDE BLVD.  
109  
CLEARWATER, FL 33761

2. Principal Place of Business  
1100 16th ST.  
Suite, Apt. #, etc.

3. Mailing Address  
1100 16th ST.  
Suite, Apt. #, etc.



02112004 Chg-P CR2E034 (10/03)

City & State  
PALM HARBOR FL  
Zip  
34683 Country  
USA

City & State  
PALM HARBOR, FL  
Zip  
34683 Country  
USA

4. FEI Number  
59-3463971

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SCHUETTE, CRAIG L  
2585 COUNTY SIDE BLVD. #109  
CLEARWATER, FL 33761

## 7. Name and Address of New Registered Agent

Name  
SCHUETTE, CRAIG L.  
Street Address (P.O. Box Number is Not Acceptable)  
1100 16th ST.  
City  
PALM HARBOR FL Zip Code  
34683

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 *Craig L. Schuette*

2-24-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SCHUETTE, CRAIG L  
2585 COUNTY SIDE BLVD. #109  
CLEARWATER, FL 33761 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
ZARKA, KAREN S  
1100 16TH ST.  
PALM HARBOR, FL 34683 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SCHUETTE, CRAIG L. ☒ Change ☐ Addition  
1100 16th ST.  
PALM HARBOR, FL 34683

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 *Craig L. Schuette*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04

Date

727  
642-6004  
Daytime Phone #