2004 FOR PROFIT CORPORATION. **ANNUAL REPORT (AR)**

DOCUMENT # P01000059296



FILED Apr 14, 2004 8:00 am Secretary of State

1. Entity Nam HEARING		IVICES, INC.							90048 0	29 ***150.	00
Principal Place of Business 15217-17 MCGREGOR BOULEVARD FORT MYERS FL 33908 Mailing Address 15217-17 MCGREGOR B FORT MYERS FL 33908						VARD				Ş. Bulb (bila (1618 1211)	
2. Principal P	Place of Busin	ess	3. Ma	iling Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				MOORE	CR2E0	34 (11/03)	
City & State				City & State			4. F	El Number 65-1119	1415	—	opplied For lot Applicable
Zip		Country	Zip		Count	try	j	Certificate of Status Desi	_	\$8.75 Ac Fee Requir	lditional ed
	6. Name	and Address of (Current Register	ed Agent			7. N	lame and Address of N	ew Registere	d Agent	
DONALD FRIEDMAN, HEARING AID SERVICES 15271-17 MCGREGOR BLVD FORT MYERS FL 33908						Name Street Address (P.O. Box Number is Not Acceptable)					
FOF	KI MYEK	5 FL 33908									
8. The above named entity submits this statement for the purpose of changing its registr						City	FL Zip Code				
	e named entity tions of regist		ement for the purp	oose of changing its	s registere	ed office or regu	istered age	ent, or both, in the State	of Florida. 1 a	ım familiar with	i, and accept
SIGNATURE	Signature, typed	or printed name of registe	ared agent and title if ap	plicable. (NOT	E: Registered	d Agent signature req	quired when rei	instating) .	DAT	E	
F	Signature, typed FILE NOW!! or May 1, 200	!! FEE IS \$150 04 Fee will be \$5 o Florida Depart	.00 550.00 ment of State		E: Registered	d Agent signature req	puned when rei	9. Election Campaiç Trust Fund Contri	ın Financing	\$5.	00 May Be
F	Signature, typed FILE NOW!! or May 1, 200	!! FEE IS \$150 04 Fee will be \$5 o Florida Depart	.00 550.00		E: Registered	d Agent signature req		9. Election Campaiç	n Financing bution.	\$5. □ Adde	ed to Fees
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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.