


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000098046		
1. Entity Name HEAR 4 U, INC.		
Principal Place of Business 3347 TAMiami TRAIL N NAPLES, FL 34103-4165 US	Mailing Address 3347 TAMiami TRAIL N NAPLES, FL 34103-4165 US	
DO NOT WRITE IN THIS SPACE		



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4472837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MELVIN, LONNIE 3300 BONITA BEACH RD., APT. 106 BONITA SPRINGS, FL 34134	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: Lonnie W. Melvin Pres. 7-29-04
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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTD MELVIN, LONNIE 3347 TAMiami TRAIL N NAPLES, FL 341034165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MELVIN, TINA 3347 TAMiami TRAIL N NAPLES, FL 341034165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000169073
08/02/04-80009-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Lonnie W. Melvin Pres. 7-29-04 (239) 430-4327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #