


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90238 033 \*\*\*150.00

<b>DOCUMENT # P01000107198</b> 1. Entity Name <b>AUDIOLOGY CONSULTING &amp; EVALUATION SERVICES, INC.</b>			
Principal Place of Business <b>13898 S PURPLE MARTIN TERR INVERNESS, FL 34450</b>		Mailing Address <b>13898 S PURPLE MARTIN TERR INVERNESS, FL 34450</b>	
2. Principal Place of Business <b>1389 S Purple Martin Terr</b>		3. Mailing Address <b>1389 S Purple Martin Terr</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Inverness FL</b>		City & State <b>Inverness FL</b>	
Zip <b>34450</b>		Zip <b>34450</b>	
Country 		Country 	
4. FEI Number <b>59-3759210</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Chg-P CR2E034 (10/03)	
<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>JOSEPH CO CPA INC 7601 N FLORIDA AVE CITRUS SPRINGS, FL 34434</b>		7. Name and Address of New Registered Agent Name <b>Joseph Co CPA Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>2450 N Citrus Hills Blvd</b> City <b>Hernando</b> <b>FL</b> Zip Code <b>3442</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 . After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>KREUTCHIC, DIANA C</b> STREET ADDRESS <b>1389 S PURPLE MARTIN TERR</b> CITY-ST-ZIP <b>INVERNESS, FL 34450</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <i>Diana C Kreutchie</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>April 28, 2004</b> Daytime Phone # <b>352 726 2004</b>	