

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-22-2004 90068 023 ***150.00

DOCUMENT # P01000114385 1. Entity Name HEAR AND KNOW, INC.																																																																																			
Principal Place of Business 12 KING MOODY RD. HARPSWELL, ME 04079-0264			Mailing Address 12 KING MOODY RD. HARPSWELL, ME 04079-0264																																																																																
2. Principal Place of Business 3150 SOUTHGATE CIRCLE Suite, Apt. #, etc.		3. Mailing Address 3150 SOUTHGATE CIRCLE Suite, Apt. #, etc.																																																																																	
City & State SARASOTA, FLORIDA Zip 34239		City & State SARASOTA, FLORIDA Zip 34239		4. FEI Number 65-1156981																																																																															
Country MANATEE		Country MANATEE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																															
6. Name and Address of Current Registered Agent LATSKO, ANNE C CRA 7629 WESTMOULAND DR. SARASOTA, FL 34243			7. Name and Address of New Registered Agent PAGE REMICK 3150 SOUTHGATE CIRCLE SARASOTA, FLA 34239																																																																																
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 obligation of registration.																																																																																			
SIGNATURE: <u>Page Remick</u> DATE: <u>4/17/04</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP					
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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.																																																																																			
SIGNATURE: <u>Page Remick</u> DATE: <u>4/17/04</u> DAYTIME PHONE: <u>941-400-2407</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																			