

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90140 008 ***150.00

DOCUMENT # P01000114385 1. Entity Name HEAR AND KNOW, INC.			
Principal Place of Business 3150 SOUTHGATE CIRCLE SARASOTA FL 34239		Mailing Address 3150 SOUTHGATE CIRCLE SARASOTA FL 34239	
2. Principal Place of Business 3550-C COASTAL HWY Suite, Apt. #, etc.		3. Mailing Address 3550-C COASTAL HWY Suite, Apt. #, etc.	
City & State ST. AUGUSTINE FL Zip 32084 Country US		City & State ST. AUGUSTINE FL Zip 32084 Country US	
4. FEI Number 65-1156981		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 REMICK, PAGE 3150 SOUTHGATE CIRCLE SARASOTA FL 34239		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____	
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 <u>Page Remick</u> <u>PAGE REMICK President</u> <u>1-25-05</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P REMICK, PAGE M 12 KING MOODY RD. HARPSWELL ME 04079-0264 <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	T REMICK, PHILLIP C 12 KING MOODY RD. HARPSWELL ME 04079-0264 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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> <u>PAGE REMICK President</u> <u>1-25-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	