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04/29/2005 09:25 8502442210 SUSAN M SUR

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90165 008 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000058651

1. Entity Name
EMERALD COAST HEARING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1627 TRENT ST FORT WALTON BEACH, FL 32547	1627 TRENT ST FORT WALTON BEACH, FL 32547

03062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
339 Racetrack Rd	
Suite, Apt. #, etc. #20	Suite, Apt. #, etc.
City & State Ft. Walton Bch, FL	City & State
Zip 32547 Country USA	Zip Country

4. FEI Number 30-0080747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VASILOFF, MARY
1627 TRENT STREET
FORT WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 Mary H Vasiloff, Aud 4/29/05
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O	☐ Delete
NAME	VASILOFF, MARY	
STREET ADDRESS	1627 TRENT ST	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mary H Vasiloff, Aud 4/29/05 850-863-4327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #