



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90091 017 ***150.00

DOCUMENT # P02000074010 1. Entity Name HUNTSVILLE HEARING PARTNERS, INC.					
Principal Place of Business 901 BOYLSTON ST. LEESBURG, FL 34748			Mailing Address 1871 WELLS RD #1 ORANGE PARK, FL 32073		
2. Principal Place of Business 1871 WELLS RD		3. Mailing Address 		 04052006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. #1		Suite, Apt. #, etc. 			
City & State ORANGE PARK		City & State 			
Zip 32073		Zip 			
Country USA		Country 		4. FEI Number 01-0730333	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHN MCE. MILLER, P.A. 333 FIRST ST. NORTH, STE. 305 JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name 	
Street Address (P.O. Box Number is Not Acceptable) 				Street Address (P.O. Box Number is Not Acceptable) 	
City 				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 D	NAME MAHAN, TROY C		TITLE 	NAME 	
STREET ADDRESS 1871 WELLS RD., #1	CITY - ST - ZIP ORANGE PARK, FL 32073		STREET ADDRESS 	CITY - ST - ZIP 	
CITY - ST - ZIP 			CITY - ST - ZIP 		
TITLE 	NAME 		TITLE 	NAME 	
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CITY - ST - ZIP 			CITY - ST - ZIP 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			4/18/06 (404) 269-5700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		