


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90037 044 \*\*\*150.00


<b>DOCUMENT # P02000082920</b>	
1. Entity Name <b>HEAR PRO MARKETING, INC.</b>	

Principal Place of Business <b>2701 CLEVELAND AVE STE D FORT MYERS FL 33901</b>	Mailing Address <b>2701 CLEVELAND AVE STE D FORT MYERS FL 33901</b>
--	--

2. Principal Place of Business <b>9221 BRAMBLE CT</b>	3. Mailing Address <b>9221 BRAMBLE CT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FORT MYERS FL</b>	City & State <b>FORT MYERS FL</b>
Zip <b>33919</b>	Zip <b>33919</b>
Country <b>USA</b>	Country <b>USA</b>

**24056100**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>JOHNSON, MICHAEL 5233 RED CEDAR DR 17 FORT MYERS FL 33907</b>	
---	--

4. FEI Number <b>52-2372579</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.70</b> Additional Fee Required
7. Name and Address of New Registered Agent Name <b>MARK D. JOHNSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>9221 BRAMBLE CT</b> City <b>FORT MYERS</b> FL Zip Code <b>33919</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 *Mark D Johnson* DATE *3/29/04*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when restate.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD JOHNSON, MICHAEL 5233 RED CEDAR DR 17 FORT MYERS FL 33907 <input checked="" 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	ST JOHNSON, MARK 243 LAKE RIDGE COURT WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
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
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.

SIGNATURE: *Mark D Johnson* **OWNER/President** *3/29/04* *239-898-2004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #