2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004
Secretary of State

DOCUMENT# P03000029241

Entity Name: HEARING LOSS MANAGEMENT, INC.

Current Principal Place of Business:

2024 TUNISIA AVENUE
SPRING HILL, FL 34609

New Principal Place of Business:

5755 INDIANA AVE
NEW PORT RICHEY, FL 34652

Current Mailing Address:

2024 TUNISIA AVENUE
SPRING HILL, FL 34609

New Mailing Address:

P.O. BOX 1559
ELFERS, FL 34680

FEI Number: 81-0605133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIR, GUY M
500 AUSTRALIAN AVENUE SOUTH, 9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: TURRI, ALBERT FLOYD
Address: 2024 TUNISIA AVENUE
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: TURRI, ALBERT FLOYD
Address: 5755 INDIANA AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT FLOYD TURRI PSTD 01/26/2004
Electronic Signature of Signing Officer or Director Date