

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052505

FILED  
Aug 26, 2005  
Secretary of State

Entity Name: MOORE HEARING ASSOCIATES, INC.

## Current Principal Place of Business:

1320 S.E. FEDERAL HWY.  
SUITE #207  
STUART, FL 34994 US

## New Principal Place of Business:

## Current Mailing Address:

594 SOUTHEAST SOUTHWOOD TRAIL  
STUART, FL 34997 US

## New Mailing Address:

FEI Number: 81-0621138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, JOHN D  
1320 S.E. FEDERAL HWY  
SUITE #207  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

MC GLYNN, CHARLES J  
1320 S.E. FEDERAL HWY  
SUITE #207  
STUART, FL 34994 US

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: CHARLES J. MC GLYNN

08/26/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOORE, JOHN D  
Address: 594 SOUTHEAST SOUTHWOOD TRAIL  
City-St-Zip: STUART, FL 34997 US

Title: VP ( ) Delete  
Name: MOORE, JOHN D  
Address: 594 SOUTHEAST SOUTHWOOD TRAIL  
City-St-Zip: STUART, FL 34997 US

Title: T ( ) Delete  
Name: MOORE, JOHN D  
Address: 594 SOUTHEAST SOUTHWOOD TRAIL  
City-St-Zip: STUART, FL 34997 US

Title: S ( ) Delete  
Name: MOORE, JOHN D  
Address: 594 SOUTHEAST SOUTHWOOD TRAIL  
City-St-Zip: STUART, FL 34997

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHARLES J. MC GLYNN

VP

08/26/2005

Electronic Signature of Signing Officer or Director

Date