

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064182

1. Entity Name
COTLEUR & HEARING INVESTMENTS, INC.



FILED
Apr 30, 2007 08:00 A
Secretary of State

Principal Place of Business
1934 COMMERCE LANE
SUITE 1
JUPITER, FL 33458

Mailing Address
1934 COMMERCE LANE
SUITE 1
JUPITER, FL 33458



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0787041

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

COTLEUR, ROBERT
1934 COMMERCE LANE
SUITE 1
JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEARING, DONALDSON
STREET ADDRESS	1934 COMMERCE LANE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	COTLEUR, ROBERT
STREET ADDRESS	1934 COMMERCE LANE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000747321
05/17/07-80021-014 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Cotleur, Jr.

04.26.07 561.747.6336

Date

Daytime Phone #