

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90042 026 \*\*\*150.00

DOCUMENT # P03000064278

1. Entity Name

THORSEN HEARING SOLUTIONS INC.



Principal Place of Business

~~5565 OSPREY ISLE LN~~  
~~ORLANDO FL 32819~~

Mailing Address

~~P.O. BOX 2700~~  
~~WINDERMERE FL 34786~~

2. Principal Place of Business

4910 - 60TH AVE SO.

Suite, Apt. #, etc.

3. Mailing Address

5045 34TH ST. SO.

Suite, Apt. #, etc.

# 717



1st MOORE

CR2E034 (10/04)

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

20-0028495

Applied For

Not Applicable

Zip

33715

Country

Zip

33711

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THORSEN, MARTIN P  
~~5565 OSPREY ISLE LN~~  
~~ORLANDO FL 32819~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4910 - 60TH AVE SO

City

ST PETERSBURG

FL

Zip Code

33715

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

*Martin P. Thorsen*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/28/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME THORSEN, MARTIN P  
STREET ADDRESS ~~P.O. BOX 2700~~  
CITY-ST-ZIP ~~WINDERMERE FL 34786~~

TITLE V ☐ Delete  
NAME THORSEN, JEANNE P  
STREET ADDRESS ~~P.O. BOX 2700~~  
CITY-ST-ZIP ~~WINDERMERE FL 34786~~

TITLE V ☐ Delete  
NAME THORSEN, DARREN G  
STREET ADDRESS ~~5121 CYPRESS CREEK DR~~  
CITY-ST-ZIP ~~ORLANDO FL 32811~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME THORSEN, MARTIN P  
STREET ADDRESS 5045 34TH ST. SO. # 717  
CITY-ST-ZIP ST PETERSBURG, FL 33711

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME THORSEN, JEANNE P  
STREET ADDRESS 5045 34TH ST. SO. # 717  
CITY-ST-ZIP ST PETERSBURG, FL 33711

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME THORSEN, DARREN G.  
STREET ADDRESS 5045 34TH ST. SO. # 717  
CITY-ST-ZIP ST PETERSBURG, FL 33711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Martin P. Thorsen*

MARTIN P. THORSEN

01/28/05

(407) 484 7494 (D)  
(727) 906 9049 (H)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #