

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000064278

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** THORSEN HEARING SOLUTIONS INC.

**Current Principal Place of Business:**

7901 4TH STREET NO.  
104  
SAINT PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 531027  
SAINT PETERSBURG, FL 33747

**New Mailing Address:**

**FEI Number:** 20-0028495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THORSEN, MARTIN P  
4910 60TH AVE SO  
SAINT PETERSBURG, FL 33715 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** THORSEN, MARTIN P  
**Address:** 4910 60TH AVE SO  
**City-St-Zip:** SAINT PETERSBURG, FL 33715

**Title:** V  
**Name:** THORSEN, JEANNE P  
**Address:** 4910 60TH AVE SO  
**City-St-Zip:** SAINT PETERSBURG, FL 33715

**Title:** V  
**Name:** THORSEN, DARREN G  
**Address:** 5541 BAYUO GRANDE BLVD NE  
**City-St-Zip:** SAINT PETERSBURG, FL 33703

I hereby 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 all other like empowered.

**SIGNATURE:** MARTIN P THORSEN

PRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date