
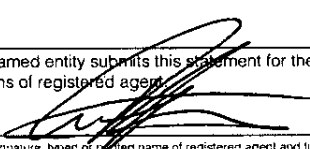
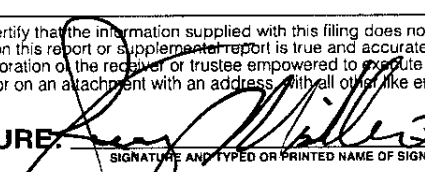


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90089 027 ***150.00

DOCUMENT # P03000097429 1. Entity Name HEAR 4 LESS, INC.																													
Principal Place of Business 353 RHEINE ROAD NW PALM BAY, FL 32907			Mailing Address 353 RHEINE ROAD NW PALM BAY, FL 32907																										
2. Principal Place of Business 1730 Ashley River Rd Suite, Apt. #, etc.		3. Mailing Address 1730 Ashley River Rd. Suite, Apt. #, etc.																											
City & State Charleston SC Zip 29407		City & State Charleston, SC Zip 29407		4. FEI Number 20-0204243																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
5. Name and Address of Current Registered Agent CORREIA, ANTHONY J 353 RHEINE ROAD NW PALM BAY, FL 32907				7. Name and Address of New Registered Agent Name Anthony J. Correia Street Address (P.O. Box Number is Not Acceptable) 844 Remsen Ave NW City Palm Bay FL Zip Code 32907																									
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  Anthony Correia, Reg. Agent 2/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MISHLER, JERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>353 RHEINE ROAD NW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BAY, FL 32907</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MISHLER, JERRY		STREET ADDRESS	353 RHEINE ROAD NW		CITY-ST-ZIP	PALM BAY, FL 32907		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D/P/S/T</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Mishler, Jerry</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4 Packard Court</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Charleston SC 29414</td> <td></td> </tr> </table>			TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Mishler, Jerry		STREET ADDRESS	4 Packard Court		CITY-ST-ZIP	Charleston SC 29414	
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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  Jerry Mishler, Pres 2/26/04 (843) 766-3232 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

94039474

