


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90317 006 ***150.00

DOCUMENT # P04000063211					
1. Entity Name SPEECH, HEARING & LANGUAGE CLINIC, INC.					
Principal Place of Business PO BOX 1044 DUNEDIN, FL 34697-1044 1276 MAIN ST DUNEDIN, FL 34698			Mailing Address PO BOX 1044 DUNEDIN, FL 34697-1044		
2. Principal Place of Business 1276 MAIN ST			3. Mailing Address P.O. Box 1044		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DUNEDIN, FL		City & State DUNEDIN, FL		4. FEI Number 201005984	
Zip 34698		Country USA		Applied For Not Applicable	
Zip 34698		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAXWELL, JAMES E 243 ALBERT STREET DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MAXWELL, JAMES E 243 ALBERT STREET DUNEDIN, FL 34698 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  JAMES E. MAXWELL Date: 4/22/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

722-733-3040