## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 07, 2006 8:00 am Secretary of State 03-22-2006 90014 037 \*\*\*150.00 **DOCUMENT # P04000118086** MARION & CITRUS HEARING, INC. **60000000** Principal Place of Business Mailing Address 10556 COUNTY ROAD #119 10556 COUNTY ROAD #119 DXFORD, FL 34484 OXFORD, FL 34484 02102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2476177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent RICHARDSON, RICKEY E DO NOT WRITE 10556 COUNTY ROAD #119 OXFORD, FL 34484 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. 1 am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 $\Box$ Trust Fund Contribution. OFFICERS AND DIRECTORS 10. IITLE RICHARDSON, RICKEY E MALKE STREET ADDRESS POST OFFICE BOX 513 CITY-ST-ZIP WILDWOOD, FL 34785 TITLE RICHARDSON, DEIDRA M POST OFFICE BOX 513 STREET ADDRESS WILDWOOD, FL 34785 CUTY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE CHY-SI-7P TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: Y

**FILED**