

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047640

FILED  
May 01, 2006  
Secretary of State

Entity Name: HEARING AIDS OF JACKSONVILLE, INC.

## Current Principal Place of Business:

5912 BEACH BLVD  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

2269 BLANDING BLVD  
JACKSONVILLE, FL 32210 US

## Current Mailing Address:

PO BOX 16952  
JACKSONVILLE, FL 322456952 US

## New Mailing Address:

FEI Number: 20-2593957      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARMONDI, DARYLL  
5912 BEACH BLVD  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

ARMONDI, DARYLL  
2269 BLANDING BLVD  
JACKSONVILLE, FL 32210 US

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: DARYLL ARMONDI

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARMONDI, DARYLL  
Address: 5912 BEACH BLVD.  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP ( ) Delete  
Name: ARMONDI, DARYLL  
Address: 5912 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32207 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARMONDI, DARYLL  
Address: 2269 BLANDING BLVD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP (X) Change ( ) Addition  
Name: ARMONDI, DARYLL  
Address: 2269 BLANDING BLVD  
City-St-Zip: JACKSONVILLE, FL 32210 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DARYLL ARMONDI

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date