

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033892

FILED
Jan 22, 2004
Secretary of State

Entity Name: AUDIOLOGY PROFESSIONALS, INC.

Current Principal Place of Business:

4046 CATTLEMEN RD
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

4046 CATTLEMEN RD
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 65-0585743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERICSSON, LESLEY D
1233 WAGON WHEEL DR
SARASOTA, FL 34240

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ERICSSON, LESLEY
Address: 1233 WAGON WHEEL DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: STVP () Delete
Name: DEBONDT, SUSAN
Address: 1413 DIXIE LEE LN
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STVP (X) Change () Addition
Name: DEBONDT, SUSAN
Address: 2509 JAMAICA ST.
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN DEBONDT

STVP

01/22/2004

Electronic Signature of Signing Officer or Director

_____ Date