


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000057420 1. Entity Name PAT'S HEARING AID LABS, INC.	
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Principal Place of Business 2209 N HERCULES AVE CLEARWATER, FL 33763	Mailing Address 2209 N HERCULES AVE CLEARWATER, FL 33763
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DO NOT WRITE IN THIS SPACE

FILED

04 JAN 23 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3351220	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATTATALL, PAT
 2209 N HERCULES AVE
 CLEARWATER, FL 34623

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTATALL, PAT 2209 N HERCULES AVE CLEARWATER, FL 33763
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01/23/04--01061--023 **150.00

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: *Pat Mattatall*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 722-738-0328
 Date Daytime Phone #

TR