


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**


**DOCUMENT # P95000057420**  
 1. Entity Name  
**PAT'S HEARING AID LABS, INC.**



Principal Place of Business  
**2209 N HERCULES AVE  
 CLEARWATER, FL 33763**

Mailing Address  
**2209 N HERCULES AVE  
 CLEARWATER, FL 33763**

**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-P CR2E034 (11/05)

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

**6. Name and Address of Current Registered Agent**

**MATTATALL, PAT  
 2209 N HERCULES AVE  
 CLEARWATER, FL 34623**

**DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>MATTATALL, PAT</b>
NAME	<b>MATTATALL, PAT</b>
STREET ADDRESS	<b>2209 N HERCULES AVE</b>
CITY-ST-ZIP	<b>CLEARWATER, FL 33763</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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 03/17/08-80003-019 150.00

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Pat Mattatall* **2-28-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #