## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT (AR)** DOCUMENT # P96000049604



1. Entity Name					8)	•		
ADVANCED HEARING SERVICES INC.						04-23-2004 9023	9 013 ***150.0	00
Principal Plac	e of Business	Mailing Address	Mailing Address					
2823 US 301 NO. STE 2		2823 US 301 NO. STE	•					
ELLENTON		ELLENTON FL 34222				<i>Y</i>	Constitution (	
	•					- LEBENERA (FE 1811) SUM BENT BEN BENT S		1910B( ()   PR)
<b>8 B</b> 2 2 10	10	D 14-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			4			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.			_	MOODE OD	T004 (44(00)	
						MOORE CR2E034 (11/03)		
		City & State		4. FEI N	4. FEI Number Applied For			
					65-0668165	N	ot Applicable	
Zip	Country	Zip		Country		icate of Status Desired	\$8.75 Ad	Iditional
					J. Certii	icate of Status Desired	Fee Require	
	6. Name and Address of Currer	nt Registered Agent			7. Name	and Address of New Regis	tered Agent	
. —		= * *		Name	- 12	رست د،		
MO:	SSMAN, THOMAS L			Street Address (P.O. Box Number is Not Acceptable)				
	IXORA AVENUE			Sileet Addres	15 (F.O. DOX 14	diffiber is Not Acceptable)		
ELL	ENTON FL 34222							· · · · ·
	1							
	i de la companya de			City			FL Zip Cod	de
8. The above	named entity submits this statement	for the purpose of changing its	register	ed office or regis	stered agent, o	or both, in the State of Florida	I am familiar with	, and accept
the obligat	tions of registered agent.							1
								Ì
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOT	E: Registere	d Agent signature requ	ured when reinstati	ng)	DATE	
Out Tarmers	and the same of the wind probability and a subject of the					·	<del> </del>	
the state of the s	ILE NOW!!! FEE IS \$150.00				9	9. Election Campaign Financi	ng _ <b>\$5.</b> 0	<b>00</b> мау Ве
AND THE PERSON OF THE PERSON O	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department	Obey William Chief				Trust Fund Contribution.	☐ Adde	ed to Fees
(1995年)					ADDITU	ONO (OUTNOES TO OFFICE	S AND DIDECTOR	20 (6) 44
10.	<del>,</del>		11.	<u> </u>	ADDITI	ONS/CHANGES TO OFFICER		
TITLE	PVST	☐ Delete	TITL	1			Change	Addition
NAME STREET ADDRESS	MOSSMAN, THOMAS L 9705 OLD TAMPA ROAD		MAM	EET ADDRESS				ļ
CITY-ST-ZIP	PARRISH FL 34219			-ST-ZIP				i
	<del></del>		_					
TITLE	D	☐ Delete	TITL				☐ Change	Addition
NAME	MOSSMAN, THOMAS L		NAM	1		3		
STREET ADDRESS	611 IXORA AVENUE			EET ADDRESS				
City-St-ZiP	ELLENTON FL 34222		+	'-ST-ZIP				
	·	☐ Delete	TITL	· -	<u></u>		Change	Addition_
NAME -	*		. NAM		•	•		<del>-</del>
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP				i
-		<u> </u>						
TITLE		☐ Delete	TITL	•			☐ Change	Addition
NAME STREET ADDRESS			MAM					
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CtTY-ST-ZIP	1							
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TITLE		☐ Delete	TITL	E			Change	Addition
NAME		☐ Delete	TITE	E ME			Change	☐ Addition
NAME STREET ADDRESS		☐ Delete	TITL NAA STR	EE ADDRESS			Change	☐ Addition
NAME		☐ Delete	TITL NAA STR	E ME				_
NAME STREET ADDRESS		☐ Delete	TITLE NAMES STREET CITY	E AE EET ADDRESS (-ST-ZIP			☐ Change	_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITE NAM STR CIT	EE ADDRESS (*-ST-ZIP)  EE ADDRESS AND ADDR	-			_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			TITE NAM STR CIT TITE NAM STR	E  ME  EET ADDRESS  7-ST-ZIP  E  ME  EET ADDRESS				_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITE NAM STR CIT TITE NAM STR	E ADDRESS (-ST-ZIP  LE ADDRESS  AE EET ADDRESS (-ST-ZIP			☐ Change	Addition .

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: Thomas L Massman Thomas L Mossman 4-19-04 941-722-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #