

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90365 027 \*\*\*150.00

**DOCUMENT # P96000051084**



1. Entity Name  
**TRI-COUNTY AUDIOLOGY AND HEARING AID  
SERVICES, INC.**

Principal Place of Business  
**1317 HWY 41 N  
INVERNESS, FL 34450**

Mailing Address  
**3519 N LECANTO HWY  
BEVERLY HILLS, FL 34465**

**60023792**



2. Principal Place of Business  
**3519 N. LECANTO HWY**

3. Mailing Address

02212006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BEVERLY HILLS, FL**

City & State

4. FEI Number  
**59-3386113**

Applied For  
Not Applicable

Zip  
**34465**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**7. Name and Address of New Registered Agent**

**JOSEPH CO CPA  
2450 N. CITRUS HILLS BLVD.  
HERNANDO, FL 34442**

Name  
**DITCHFIELD, DAVID**

Street Address (P.O. Box Number is Not Acceptable)  
**4524 WEST PINTO LOOP**

City  
**BEVERLY HILLS, FL** Zip Code  
**34465**

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 *David Ditchfield*

**DAVID DITCHFIELD  
PRESIDENT**

**3/27/2006**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PST  
DITCHFIELD, DAVID  
4524 W. PINES LOOP  
BEVERLY HILLS, FL 34465** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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.

*David Ditchfield*

**DAVID DITCHFIELD, PRESIDENT**

**3/27/2006**

**352-746-1133**