

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000098794

1. Entity Name
GULF COAST AUDIOLOGY, INC.



Principal Place of Business
**1622 N MISSOURI AVE
LARGO, FL 33770**

Mailing Address
**1622 N MISSOURI AVE
LARGO, FL 33770**



02262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **66-0715513** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALSTON, LINDA M
1622 N MISSOURI AVE
LARGO, FL 33770**

**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

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

(NOTE: Registered Agent signature required when relinquishing)

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**

**U00000559380
05/18/06-80019-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WALSTON, GARY W**
STREET ADDRESS **16025 REDINGTON DRIVE**
CITY-ST-ZIP **REDINGTON BEACH, FL 33708**

TITLE **VPST**
NAME **WALSTON, LINDA M**
STREET ADDRESS **16025 REDINGTON DRIVE**
CITY-ST-ZIP **REDINGTON BEACH, FL 33708**

TITLE
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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 807, 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:

Linda Walston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 727 518 2400
Date Daytime Phone #