


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000098794</b> 1. Entity Name <b>GULF COAST AUDIOLOGY, INC.</b>	
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Principal Place of Business <b>1622 N MISSOURI AVE LARGO, FL 33770</b>	Mailing Address <b>1622 N MISSOURI AVE LARGO, FL 33770</b>
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**DO NOT WRITE IN THIS SPACE**



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0715513</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

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

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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 renewing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>WAISTON, LINDA M</b>
NAME	<b>16025 REDINGTON DRIVE</b>
STREET ADDRESS	<b>REDINGTON BEACH, FL 33708</b>
CITY-ST-ZIP	
TITLE <b>VPST</b>	<b>WALSTON, LINDA M</b>
NAME	<b>16025 REDINGTON DRIVE</b>
STREET ADDRESS	<b>REDINGTON BEACH, FL 33708</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/08-80065-001 150.00

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: Linda M Walston 4-4-08 727/518-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #