

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000023362

1. Entity Name
CENTRAL FLORIDA HEARING AID, INC.



Principal Place of Business

**MIRACLE EAR-OAKS MALL
6201 NEWBERRY ROAD
GAINESVILLE, FL 32605**

Mailing Address

**MIRACLE EAR-OAKS MALL
10123 NW 25TH PL
GAINESVILLE, FL 32606**



07252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3433451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL, KEVIN R
6201 NEWBARRY ROAD
GAINESVILLE, FL 32605**

**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

Kevin R. Marshall - President/owner 8-28-06

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
MARSHALL, KEVIN R
6201 NEWBARRY ROAD
GAINESVILLE, FL 32605**

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U00000575791
08/31/06-80005-006 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #