


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90101 010 \*\*\*158.75

**DOCUMENT # P98000041198**

1. Entity Name  
**AFFORDABLE HEARING AID CENTER INC.**



Principal Place of Business Mailing Address  
**1205 US 41 BYPASS VENCIE, FL 34292**

94006547

2. Principal Place of Business 3. Mailing Address  
**1205 US 41 Bypass S.**

City & State Venice, FL

Zip 34285 Country



01262004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0835875**

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

6. Name and Address of Current Registered Agent  
**T&H COMPTROLLERS, INC.**  
**312 EAST VENICE AVENUE #120**  
**VENCIE, FL 34292**

7. Name and Address of New Registered Agent  
 Name: **T&H Comptrollers Inc.**  
 Street: **200 Capri Isles Blvd. Ste. 2**  
 City: **Venice FL 34292**

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: Robert Pierce Robert Pierce - President DATE: 1-27-04

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 D	PIERCE, ROBERT 413 REDWOOD ROAD VENICE, FL 34292	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE President	Robert Pierce 413 Redwood Rd Venice, FL 34293	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Pierce Robert Pierce DATE: 1-27-04 DAYTIME PHONE #: 944-498-5959