

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000102173	
1. Entity Name LAKE & SUMPTER HEARING, INC.	

Principal Place of Business 10401 U.S. HIGHWAY 441 SOUTH LEESBURG, FL 34788	Mailing Address 10401 U.S. HIGHWAY 441 SOUTH LEESBURG, FL 34788
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3549525	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CASH, CHARLES E
10401 U.S. HIGHWAY 441 SOUTH
LEESBURG, FL 34788**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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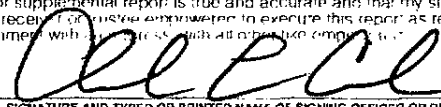
10. OFFICERS AND DIRECTORS

TITLE PST	NAME CASH, CHARLES E
STREET ADDRESS 1808 S.W. 48TH LANE	
CITY-STATE-ZIP CAPE CORAL, FL 33914	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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02/16/04-80158-005 150.00

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 recipient of custom or services 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 this report, with all other true and correct information.

SIGNATURE:  **2-12-04** **239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **936-4656**