

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000010085**

**1. Entity Name**  
**GIBSON'S HEARING TECHNOLOGIES, INC.**



**Principal Place of Business**  
**2344 BEE RIDGE RD #101**  
**SARASOTA, FL 34239**

**Mailing Address**  
**2344 BEE RIDGE RD #101**  
**SARASOTA, FL 34239**



01112006 No Chg-P CR2E034 (1/1/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0890755** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**GIBSON, DOUGLAS J**  
**2344 BEE RIDGE RD #101**  
**SARASOTA, FL 34239**

**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 the X applicable*

*(NOTE: Registered Agent signature required when releasing)*

**DATE**

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>GIBSON, DOUGLAS J</b>
<b>STREET ADDRESS</b>	<b>2344 BEE RIDGE RD. #101</b>
<b>CITY-ST-ZIP</b>	<b>SARASOTA, FL 34239</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>GIBSON, DOUGLAS J</b>
<b>STREET ADDRESS</b>	<b>2344 BEE RIDGE RD #101</b>
<b>CITY-ST-ZIP</b>	<b>SARASOTA, FL 34239</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>GIBSON, DOUGLAS J</b>
<b>STREET ADDRESS</b>	<b>2344 BEE RIDGE RD #101</b>
<b>CITY-ST-ZIP</b>	<b>SARASOTA, FL 34239</b>
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>GIBSON, DOUGLAS J</b>
<b>STREET ADDRESS</b>	<b>2344 BEE RIDGE RD #101</b>
<b>CITY-ST-ZIP</b>	<b>SARASOTA, FL 34239</b>
<b>TITLE</b>	
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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 01/24/06-80064-021 150.00

**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 179, 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 of Douglas J. Gibson*

**TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/13/06**

**DATE**

**941-927-2424**

**Display Phone #**