


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000010085**  
 1. Entity Name  
**GIBSON'S HEARING TECHNOLOGIES, INC.**



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

**DO NOT WRITE IN THIS SPACE**



04262008      No Chg-P      CR2E034 (11/05)

4. FEI Number  
**65-0890755**       **\$8.75 Additional Fee Required**

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**

I, the above named entity submit 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 of the individual who is registered by the State of Florida as the registered agent of the corporation.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

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

05/23/08-80020-025 150.00

10. OFFICERS AND DIRECTORS

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

**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 included 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 to this address, with a power of attorney.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 4/29/07