

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90041 013 ***150.00

DOCUMENT # P99000064880	
1. Entity Name SPEECHCARE, INC.	



Principal Place of Business 1034 JENKS AVENUE PANAMA CITY, FL 32401	Mailing Address 1034 JENKS AVENUE PANAMA CITY, FL 32401
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24041887

2. Principal Place of Business 207 FOREST PARK CIRCLE	3. Mailing Address 207 FOREST PARK CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01152004 Chg-P CR2E034 (10/03)

City & State PANAMA CITY FL	City & State PANAMA CITY FL
Zip 32405	Zip 32405
Country FLA	Country FLA

4. FEI Number 59-3582817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEWIS, MARILYN B 800 FLORIDA AVE PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	LEWIS, MARILYN B
STREET ADDRESS	800 FLORIDA AVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	<input type="checkbox"/> Delete
NAME	LEWIS, ALBERT M III
STREET ADDRESS	800 FLORIDA AVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	<input type="checkbox"/> Delete
NAME	BAILEY, DORIS F
STREET ADDRESS	799 WOOD AVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	<input type="checkbox"/> Delete
NAME	LEWIS, ALBERT M IV
STREET ADDRESS	13428 MAXELLA AVE., PMB 616
CITY-ST-ZIP	MARINA DEL REY, CA 90292
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:	Date: 850-769-5971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	