

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90063 038 \*\*\*150.00

**DOCUMENT # P99000064880**

1. Entity Name  
**SPEECHCARE, INC.**



Principal Place of Business

~~207 FOREST PARK CIRCLE~~  
~~PANAMA CITY, FL 32405~~

**1034 JENKS AVE**  
**PANAMA CITY, FL 32401**

Mailing Address

~~207 FOREST PARK CIRCLE~~  
~~PANAMA CITY, FL 32405~~

**1034 JENKS AVE**  
**PANAMA CITY, FL 32401**



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3582817**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, MARILYN B**  
**800 FLORIDA AVE**  
**PANAMA CITY, FL 32401**

**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]* **1/19/05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, MARILYN B
STREET ADDRESS	800 FLORIDA AVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	LEWIS, ALBERT M III
STREET ADDRESS	800 FLORIDA AVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	BAILEY, DORIS F
STREET ADDRESS	799 WOOD AVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	LEWIS, ALBERT M IV
STREET ADDRESS	13428 MAXELLA AVE., PMB 616
CITY-ST-ZIP	MARINA DEL REY, CA 90292
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 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:

*[Signature]* **1/19/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #