

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000064880 1. Entity Name SPEECHCARE, INC.	
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Principal Place of Business 1034 JENKS AVE PANAMA CITY, FL 32401	Mailing Address 1034 JENKS AVE PANAMA CITY, FL 32401
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02122006 No Chg-P CRZE034 (11/05)

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

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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 <i>Marilyn B Lewis</i> Signature, typed or printed name of registered agent and title if applicable.	PRESIDENT-CEO-OWNER MARILYN LEWIS (NOTE: Registered Agent signature required when reappointing)	4-5-06 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MARILYN B 800 FLORIDA AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, ALBERT M III 800 FLORIDA AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, DORIS F 789 WOOD AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, ALBERT M IV 13428 MAXELLA AVE., PMB 616 MARINA DEL REY, CA 90292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000499344 04/24/06-80025-019 150.00
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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 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 an other like empowered.		
SIGNATURE: <i>Marilyn B Lewis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PRESIDENT-CEO-OWNER MARILYN LEWIS	4-5-06 Date
		850-769-5971 Daytime Phone #