


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


158.75

DOCUMENT # S59999	
1. Entity Name COTLEUR & HEARING, INC.	

Principal Place of Business 1934 COMMERCE LANE SUITE 1 JUPITER, FL 33458 US	Mailing Address 1934 COMMERCE LANE SUITE 1 JUPITER, FL 33458 US
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DO NOT WRITE IN THIS SPACE

FILED  
08 MAR 12 PM 12: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0270814	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  COTLEUR, ROBERT J., JR. 1934 COMMERCE LANE STE 1 JUPITER, FL 33458	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

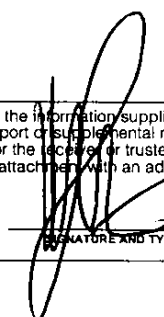
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTLEUR, ROBERT J., JR. 1934 COMMERCE LANE STE 1 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARING, DONALDSON E. 1934 COMMERCE LANE STE 1 JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
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03/21/08--01004--007 \*\*302.50

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 all other like empowered.

SIGNATURE:  DATE: 2/19/08 DAYTIME PHONE: 561-747-6336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR