2008 FOR PROFIT CORPORATION

FILED Mar 17, 2008 08:00 AM Secretary of State

Fee Required

ANNUAL REPURT						
DOCUMENT # V23648 1. Entity Name SOUTHEASTERN HEARING, INC.	•					
Principal Place of Business	Mailing Address					
1871 WELLS ROAD, UNIT 1 ORANGE PARK, FL 32073	1871 WELLS ROAD, UNIT 1 ORANGE PARK, FL 32073					

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OF PROTED NAME OF SIGNING OFFICER OR DIRECTOR

|--|--|

No Chg-P CR2E034 (11/05) 02162008 Applied For 4. FEI Number 59-3112266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

MAHAN, TROY C 1871 WELLS ROAD, UNIT 1 ORANGE PARK, FL 32073

SIGNATURE: 4

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, typed or printed name of registered agent and title i	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAHAN, TROY C 1871 WELLS RD. ORANGE PARK, FL 32073				U00000859044 04/02/08-80007-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE.	
TITLE NAME STREET ADDRESS CITY-ST-ZiP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	
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 it 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.						