

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68734

Entity Name: ELDERS IN TOUCH, INC.

FILED
Feb 19, 2004
Secretary of State

Current Principal Place of Business:

965 6TH AVENUE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

965 6TH AVENUE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-2592034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WELLS, KAREN
965 6TH AVENUE
VERO BEACH, FL 32960

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BATES, CLAIRE,
Address: 930 20 AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: P () Delete
Name: WELLS, KAREN,
Address: 920 20TH AVE
City-St-Zip: VERO BEACH, FL

Title: VP () Delete
Name: WELLS, RAYMOND
Address: 920 20 AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: S () Delete
Name: PRINGLE, CHRISTINE
Address: 965 6TH AVE
City-St-Zip: VERO BEACH, FL

Title: M () Delete
Name: AROMA, PHILLIPS
Address: 965 6TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND WELLS

VP

02/19/2004

Electronic Signature of Signing Officer or Director

Date