



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J89545</b> 1. Entity Name ELKO DAY CARE SERVICES, INC.	
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Principal Place of Business 840 HOFFNER AVE ORLANDO, FL 32809	Mailing Address 840 HOFFNER AVE ORLANDO, FL 32809
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DO NOT WRITE IN THIS SPACE

	
04192004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-2834265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ELKO, ROSEMARIE 840 HOFFNER AVE ORLANDO, FL 32809	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000125233 04/22/04-80074-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ELKO, ROSEMARIE 840 HOFFNER AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELKO, ROSEMARIE 840 HOFFNER AVE ORLANDO, FL
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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:** Rosemarie Elko Rosemarie ELKO 4-20-04 407 851-6181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #