

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065674

FILED  
Apr 23, 2004  
Secretary of State

**Entity Name:** ELITE RESPIRATORY & MEDICAL SUPPLIES, INC.

**Current Principal Place of Business:**

8605 REGENCY PARK BLVD  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 280  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

**FEI Number:** 59-3657516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREY, LAURA A  
8605 REGENCY PARK BLVD.  
PORT RICHEY, FL 34668 US

**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: D ( ) Delete  
Name: MCCULLUM, CINDY K  
Address: 9457 DELRAY DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: FREY, LAURA A  
Address: 7508 MALLARD ST  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** CINDY K. MCCALLUM

OWNE

04/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date