

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000047512

Entity Name: ELITE CAREGIVERS, INC.

FILED  
Mar 25, 2004  
Secretary of State

## Current Principal Place of Business:

1806 W. BOOTHDR.  
FT. PIERCE, FL 34982 US

## New Principal Place of Business:

## Current Mailing Address:

1806 W. BOOTH DR.  
FT PIERCE, FL 34982 US

## New Mailing Address:

FEI Number: 65-0675706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BETHUNE, SANDRA  
1806 W BOOTHE DRIVE  
FT PIERCE, FL 34982

## 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: P ( ) Delete  
Name: BETHUNE, SANDRA K  
Address: 1806 W BOOTHE DRIVE  
City-St-Zip: FT PIERCE, FL

Title: V ( ) Delete  
Name: BETHUNE, MARVIN  
Address: 1806 W BOOTHE DRIVE  
City-St-Zip: FT PIERCE, FL

Title: TS ( ) Delete  
Name: SNYDER, SCOTT  
Address: 2026 HIDEAWAY CIR.  
City-St-Zip: PORT SAINT LUCIE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change ( ) Addition  
Name: SNYDER, SCOTT  
Address: 1806 W BOOTHE DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

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: SANDRA K BETHUNE

P

03/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date