

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90029 044 ***150.00

DOCUMENT # P99000012456

1. Entity Name
FRAN'S ELDERLY CARE, INC.



Principal Place of Business
**1309 ALCORN RD
PORT ORANGE, FL 32119**

Mailing Address
**1309 ALCORN RD
PORT ORANGE, FL 32119**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01242004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3557383

Applied For
Not Applicable

Zip **32129** Country

Zip **32129** Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILANO, DOMINICK
1309 ALCORN RD
PORT ORANGE, FL 32119**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code **32129**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **OA** ☐ Delete
STREET ADDRESS **MILANO, FRAN**
CITY-ST-ZIP **1309 ALCORN RD
PORT ORANGE, FL 32119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **32129**
CITY-ST-ZIP

TITLE
NAME **MVP** ☐ Delete
STREET ADDRESS **MILANO, DOMINICK**
CITY-ST-ZIP **1309 ALCORN RD
PORT ORANGE, FL 32119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **32129**
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
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TITLE
NAME ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Dick L. [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2004 386-788-6164

Date Daytime Phone #