

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 32129

Zip 32129

Country

Country

01242004 Chg-P CR2E034 (10/03)

4. FEI Number

59-3557383

Applied For

Not Applicable

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 32129 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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 OA
NAME MILANO, FRAN
STREET ADDRESS 1309 ALCORN RD
CITY-ST-ZIP PORT ORANGE, FL 32119

Delete

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 Ween

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2004 386-788-6164

Date

Daytime Phone #