


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P99000012456 1. Entity Name FRAN'S ELDERLY CARE, INC. |  |
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|--|--|
| Principal Place of Business 1309 ALCORN RD PORT ORANGE, FL 32129 | Mailing Address 1309 ALCORN RD PORT ORANGE, FL 32129 |
|--|--|



07242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3557383 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent MILANO, DOMINICK 1309 ALCORN RD PORT ORANGE, FL 32129 |
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IN THIS SPACE**

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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------|
| TITLE | OA |
| NAME | MILANO, FRAN |
| STREET ADDRESS | 1309 ALCORN RD |
| CITY-ST-ZIP | PORT ORANGE, FL 32129 |
| TITLE | MVP |
| NAME | MILANO, DOMINICK |
| STREET ADDRESS | 1309 ALCORN RD |
| CITY-ST-ZIP | PORT ORANGE, FL 32129 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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08/01/07-80003-011 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-2007 **386-788-6164**
Date Daytime Phone #