

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000036371	
1. Entity Name CUSTOM CARE OF INDIAN RIVER COUNTY, INC.	
Principal Place of Business C/O INDIAN RIVER COUNTY COUNCIL ON AGING 694 14TH STREET VERO BEACH, FL 32960	Mailing Address C/O INDIAN RIVER COUNTY COUNCIL ON AGING 694 14TH STREET VERO BEACH, FL 32960



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0933688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLETCHER, ARLENE S C/O INDIAN RIVER COUNTY COUNCIL ON AGING 694 14TH STREET VERO BEACH, FL 32960
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**DO NOT WRITE
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:	4/14/04
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000116952 04/16/04-80086-007 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLETCHER, ARLENE S 694 14TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACK, CRAWFORD 694 14TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHEMEL, JOSEPH 694 14TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUCHANAN, TOM 694 14TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:	Arden S. Fletcher 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

(772) 569-0760