

Apr 25 05 03:11p

### 2005 FOR PROFIT CORPORATION ANNUAL REPORT


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# FILED Jun 06, 2005 8:00 am Secretary of State

05-03-2005 90081 024 \*\*\*150.00

**DOCUMENT # P04000129954**

1. Entity Name  
**SENIOR ASSIST OF INVERNESS, INC.**



Principal Place of Business      Mailing Address  
**4681 E LIZA KNOWLTON DRIVE      4681 E LIZA KNOWLTON DRIVE**  
**INVERNESS, FL 34452                      INVERNESS, FL 34452**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

04252005      Chg-P      CR2E034 (1/3/05)

## 66021573



4. FEI Number      Applied For  
**20-1618158**      (Not Applicable)

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

5. Name and Address of Current Registered Agent

**KINARD, LYNDA**  
**4681 E LIZA KNOWLTON DRIVE**  
**INVERNESS, FL 34452**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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: \_\_\_\_\_ (NOTE: Registered Agents signature required when re-registering) Date: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00**

9. Section Campaign Financing or Trust Fund Contribution      \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005	
TITLE	NAME	TITLE	NAME
VP	KINARD, LYNDA 4681 LIZA KNOWLTON DRIVE INVERNESS, FL 34452	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	CASCADEN, STEVE PO BOX 308 PARSHALL, ND 58770	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 information.

SIGNATURE: Lynnda A. Kinard      Date: 4/26/05 - 352-208-7175