


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 737188	
1. Entity Name SENIOR CONNECTIONS OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 475 COWBOY WAY P.O. BOX 2400 LA BELLE, FL 33975-2400 US	Mailing Address 475 COWBOY WAY P.O. BOX 2400 LA BELLE, FL 33975-2400 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GULLEY, MELINDA S 475 E. COWBOY WAY LABELLE, FL 33975-2400	DO NOT WRITE IN THIS SPACE
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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.

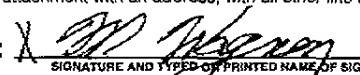
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000160514 05/17/04-80001-008 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWARD, SETH 5522 FRONTIER CIRCLE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUKONEN, JOANNE P O BOX 1990 IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUSCHEN, ANN MARIE 6 MARINA DRIVE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLES, GERALDINE 620 FT THOMPSON AVE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PROUTY, MARY RUTH 625 BRYAN AVE LABELLE, FL 33935

**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)(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 617, 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:  Millard Wagon	5/13/04	863-675-1446
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>