

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000004180

1. Entity Name
SENIOR HOUSING SERVICES, INC.



Principal Place of Business
2893 COWART ROAD
DAWSONVILLE, GA 30534 US

Mailing Address
300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746 US

FILED

05 FEB 22 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01/13/05 90004 042 \$61.25
02042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
58-2557553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAWLOWSKI, GLEN J
300 INTERNATIONAL PARKWAY
SUITE 190
HEATHROW, FL 32746

**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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOWARD, CHARLES S
STREET ADDRESS	2893 COWART ROAD
CITY - ST - ZIP	DAWSONVILLE, GA 30534
TITLE	SD
NAME	HOWARD, PATRICIA S
STREET ADDRESS	2893 COWART RD.
CITY - ST - ZIP	DAWSONVILLE, GA 30534
TITLE	D
NAME	WALLER, LAMAR
STREET ADDRESS	8133 FM 1553
CITY - ST - ZIP	LEONARD, TX 75452
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Charles S. Howard CHARLES S. HOWARD 2/16/05 770-367-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #