

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

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**



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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 reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000495177
04/20/06-80074-024 61.25**

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	

**DO NOT WRITE
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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/06 407-333-9916