2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 01, 2007 8:00 am Secretary of State 05-01-2007 90030 049 ****61.25

DOCUMENT # N06000004179 1. Entity Name FOR SENIORS ONLY, INC.							05-01-200′	7 90030	049 ****6	1.25	
Principal Place of Business 50 LOGGERHEAD CT PONCE INLET, FL 32127 PONCE INLET, FL 32127 Mailing Address 50 LOGGERHEAD CT PONCE INLET, FL 32127						400	JJUNV				
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01172007	Chg-NP	CR2E	37 (12/06)		
City & State		City & State				4. FEI Numbe	r			oplied For ot Applicable	
Zip	Country	Zip	Country			5. Certificate	of Status Desired		\$8.75 Add Fee Require	litional d	
·	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of New	Registered	Agent		
BUTTERTON, KAREN				Name							
50 LOGGERHEAD CT PONCE INLET, FL 32127				Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
				City		FL Zip Code					
the obligat	named entity submits this statement ons of registered agent. Signature, typed or printed name of registered age					ed agent, or both	h, in the State of F	Florida. I an	n familiar with,	and accept	
	Filing Fee is \$61.25	0 5(00)0-0					E p d		Managara Salah	-1. Is •	
	Due by May 1, 2007	9. Election C Trust Fund	ampaign F I Contributi			\$5.00 May Be Added to Fees	Fic		ck payable to ortment of S		
10.	•	Trust Fund					Fic	orida Depa	ertment of S	tate	
10.	OFFICERS AND D	Trust Fund	d Contributi	ion. [Flo	orida Depa	ertment of S	tate	
TITLE NAME	OPS BUTTERTON, KAREN	Trust Fund	d Contributi 11. TITLE NAM	ion. [Flo	orida Depa	ORECTORS IN	tate	
TITLE NAME STREET ADDRESS	OPS BUTTERTON, KAREN 50 LOGGERHEAD CT	Trust Fund	d Contributi 11. TITLE NAMI	E E EET ADDRESS			Flo	orida Depa	ORECTORS IN	tate	
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indicated on this report or supplied with aux niting does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

Care Sulley Karen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Butterton

386 76 15913