

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010447

FILED  
May 04, 2008  
Secretary of State

Entity Name: EDUCATION FOR SENIORS, INC.

## Current Principal Place of Business:

715 SOUTH ROOKMERE ROAD  
TAMPA, FL 33609 US

## New Principal Place of Business:

## Current Mailing Address:

715 SOUTH ROOKMERE ROAD  
TAMPA, FL 33609 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HARWOOD, ROBERT  
715 SOUTH ROOKMERE ROAD  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete  
Name: HARWOOD, ROBERT  
Address: 715 SOUTH ROOKMERE ROAD  
City-St-Zip: TAMPA, FL 33609 US

Title: S, D (X) Delete  
Name: WOLFLEY, ANA  
Address: 715 SOUTH ROOKMERE ROAD  
City-St-Zip: TAMPA, FL 33609 US

Title: T, D (X) Delete  
Name: DAUS, FREDRICK  
Address: 600 BYPASS DRIVE, SUITE 112  
City-St-Zip: CLEARWATER, FL 33764 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HARWOOD

MR

05/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date