



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

**FILED**  
**Sep 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34317</b> 1. Entity Name <b>SENIORS FESTIVAL INC.</b>	
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Principal Place of Business <b>P O BOX 08424 FORT MYERS, FL 33908 US</b>	Mailing Address <b>P O BOX 08424 FORT MYERS, FL 33908 US</b>
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**DO NOT WRITE IN THIS SPACE**



07142005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0217722</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HOLLAND, SUSAN M 11701 POINTE CIRCLE DR FT. MYERS, FL 33908</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: Susan M Holland **9-6-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAYRISH, KITTY 5817 DRIFTWOOD PARKWAY CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOLLAND, SUSAN P O BOX 08424 N/A FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMBROSE, PATRICIA 5817 DRIFTWOOD PKWY CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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1100900378175  
09/12/05-80001-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susan M Holland **9-6-05** **239 444-2151**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #