

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N94000000330

1. Entity Name
SENIOR BOWLERS OF AMERICA INC.



Principal Place of Business
101 LEA AVENUE
LONGWOOD, FL 32750

Mailing Address
101 LEA AVENUE
LONGWOOD, FL 32750



02042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3209660

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JANEGO, BOB
101 LEA AVE.
LONGWOOD, FL 32750

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COUTURE, PETE
STREET ADDRESS	6850 N COCOA BLVD, APT. 5304
CITY-ST-ZIP	COCOA, FL 32927
TITLE	D
NAME	KEENAN, BILL
STREET ADDRESS	461 DEERWOOD AVE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	MST
NAME	JANEGO, BOB
STREET ADDRESS	101 LEA AVE.
CITY-ST-ZIP	LONGWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000422500
02/17/06-80018-020 70.00

**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 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 Bob Janego **2/4/06** **407-332-0775**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #