

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90182 001 ***140.00

DOCUMENT # N96000005038

1. Entity Name
SENIORNET, INC.



Principal Place of Business
**2285 FIRST STREET
FT. MYERS, FL 33901**

Mailing Address
**2285 FIRST STREET
FT. MYERS, FL 33901**

660000647



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1854441

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, LEIGH
2285 FIRST STREET
FT. MYERS, FL 33901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **KOCH, GINGER**
STREET ADDRESS **241 SE 20TH CT**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE ☐ Delete
NAME **LEIGH, SMITH**
STREET ADDRESS **2285 FIRST STREET**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE ☒ Delete
NAME **LOUDENBACK, DIXIE**
STREET ADDRESS **8795 BANYOR COVE CIR**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☒ Delete
NAME **LIKENS, CHRISTOPHER**
STREET ADDRESS **4046 WOODVIEW DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete
NAME **BUMGARNER, ROGER**
STREET ADDRESS **P.O. BOX 1637**
CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **WIGHT, Lois**
CITY-ST-ZIP **7419 Oak Point Drive
Ft. Ogden, FL 34267**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **KOEHLER, John**
CITY-ST-ZIP **2875 Palm Beach Blvd C-601
Fort Myers, FL 33916**

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **BUMGARNER, Roger**
CITY-ST-ZIP **P.O. Box 1637
Arcadia, FL 34266**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Roger Bumgarner

Roger Bumgarner, Director

1/26/05

239 332-4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #