


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90023 005 \*\*\*\*70.00

|  |   |
|--|---|
| <b>DOCUMENT # N96000005038</b>           |  |
| 1. Entity Name<br><b>SENIORNET, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2285 FIRST STREET<br/>FT. MYERS FL 33901</b> | Mailing Address<br><b>2285 FIRST STREET<br/>FT. MYERS FL 33901</b> |
|--|--|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E037 (10/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-1854441</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent                  |  | 7. Name and Address of New Registered Agent                                    |  |
| <b>SMITH, LEIGH<br/>2285 FIRST STREET<br/>FT. MYERS FL 33901</b> |  | Name<br><b>Leigh Wade</b>  |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>2285 First Street</b> |  |
|  |  | City<br><b>Fort Myers</b> <b>FL</b> Zip Code<br><b>33901</b>                   |  |

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 *Leigh Wade* 1/27/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KOCH, GINGER<br/>241 SE 20TH CT<br/>CAPE CORAL FL 33990</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LEIGH, SMITH<br/>2285 FIRST STREET<br/>FORT MYERS FL 33901</b> <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>WADE, Leigh<br/>2285 First Street<br/>Fort Myers, FL 33901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>WIGHT, LOIS<br/>7419 OAK POINT DRIVE<br/>FORT OGDEN FL 34267</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T<br/>HALLENBECK, Karen<br/>23201 Hemenway Avenue<br/>Port Charlotte, FL 33983</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KOEHLER, JOHN<br/>2875 PALM BEACH BOULEVARD C-601<br/>FORT MYERS FL 33916</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BUMGARNER, ROGER<br/>P.O. BOX 1637<br/>ARCADIA FL 34266</b> <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>FALLERT, Helen<br/>5573 Burning Court<br/>For Myers, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>DRYBROUGH, Rosemary<br/>1730 Starling Drive<br/>Sarasota, FL 34231</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Leigh Wade* 1/27/06