


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000072752</b> 1. Entity Name SENIOR FINANCIAL SOLUTIONS INC.	
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Principal Place of Business 219 SHADOW BAY BLVD, SOUTH LONGWOOD, FL 32779	Mailing Address 219 SHADOW BAY BLVD, SOUTH LONGWOOD, FL 32779
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08112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3662548	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MAYFIELD, CINDY  
219 SHADOW BAY BLVD, SOUTH  
LONGWOOD, FL 32779

**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 restateing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNODGRASS, LINDSAY 219 SHADOW BAY BLVD, SOUTH LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA MAYFIELD, CINDY 219 SHADOWBAY BLVD. S. LONGWOOD, FL 32779
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U000000171874  
09/08/04-80009-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:**

*Cindy Mayfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/6/04 407-774-4645