2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000052463

1. Entity Name
ASSISTING FLORIDA SENIORS, INC.

Principal Place of Business	Mailing Address
517 E. ORANGE AVE	517 E. ORANGE AVE
EUSTIS, FL 32726 US	EUSTIS, FL 32726 US

DO NOT WRITE IN THIS SPACE

05082006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3735316		Not Applicable

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

6. Name and Address of Current Registered Agent

MULLER, MARSHA
517 E. ORANGE AVE
EUSTIS, FL 32726

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

| **FILE NOW!!! FEE IS $550.00**
Due by September 6, 2006 | **9.** Election Campaign Financing
Trust Fund Contribution.   ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	MULLER, MARSHA
STREET ADDRESS	517 E. ORANGE AVE
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80093-011 150.00

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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 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: Marsha Muller, Pres   5/10/06   (407) 963-5780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #