2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000150882

FILED Jun 07, 2004 8:00 am Secretary of State 04-30-2004 90276 049 ***150.00

1. Entity Name SENIOR ADVISORY FINANCIAL SERVICES, INC.											
Principal Place	n of Business		Mailing Address			1					
8831 49TH STREET NORTH			883 1 49TH STREET NORTH			66426793					
SUITE 1			SUITE 1			00420133					
			PINELLAS PARK, FL 33782								
}	,					i ((2) 171 1	6				
2. Principal Place of Business			3. Mailing Address]					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03252004	Chg-P	CR2E(34 (10/03)		
City & State			City & State			4. FEI Number	(46164	 ኤ		plied For t Applicable	
Zip	p Country		Zip Coun			Certificate of Status Desired			, \$8.75 Additional		
8: Name and Address of Current Registered Agent					Fee Required						
o. Name and Address of Current Hegistered Agent					7. Name and Address of New Registered Agent Name						
MELIN, CHARLES E JR					ivanie						
8831 49TH STREET NORTH SUITE 1					Street Address (P.O. Box Number is Not Acceptable)						
PINELLAS PARK, FL 33782											
					City 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 4/28/04											
Signature, frience furnised name of registered egent and like if applicable. (FIOTE: Registered Agent e-grature required when re-institting) DATE											
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FILE NOWING FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution					. \$5 □ Ado	.00 May Be					
After Ma	ay 1, 2007	Fee will be \$550.0	Moution.		Jec IC rees						
10.	- 4	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AN	DIRECTOR:	S IN 11	
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NAME	MELIN, C	MARLES E JR		NAME	1				_		
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CITY-ST-ZIP	PINELLA	PARK, FL 33782		CITY-ST-ZIP	- 1						
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CITY-ST-ZP 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 affect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME ' STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

Delete

☐ Change

■ Addition