


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90141 027 ***158.75

DOCUMENT # P04000021871			
1. Entity Name SENTERS SERVICES, INC.			
Principal Place of Business 341 N MAITLAND AVE STE 120 MAITLAND FL 32751		Mailing Address 341 N MAITLAND AVE STE 120 MAITLAND FL 32751	
2. Principal Place of Business 28535 Shirley Shores Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1597 Suite, Apt. #, etc.	
City & State Tavares, FL		City & State Apopka, FL	
Zip 32778	Country Lake	Zip 32704-1597	Country Orange
4. FEI Number 02-0715773		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KATZ, LAWRENCE H 341 N MAITLAND AVE STE 120 MAITLAND FL 32751		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Myra B. Senter P.O. Box 1597 Apopka, FL 32704-1597 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI D John P. Senter P.O. Box 1597 Apopka, FL 32704-1597 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Myra B. Senter Myra B Senter 4/13/05 352-636-2033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #