

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90180 010 \*\*\*150.00

<b>DOCUMENT # P04000065839</b> 1. Entity Name <b>SENIOR LIFE SERVICES, INC.</b>																											
Principal Place of Business <b>4916 26TH STREET WEST SUITE 200 BRADENTON, FL 34207-1707</b>		Mailing Address <b>4916 26TH STREET WEST SUITE 200 BRADENTON, FL 34207-1707</b>																									
2. Principal Place of Business Suite, Apt. #, etc. <b>6150 ST RD 70 EAST</b> City & State <b>BRADENTON, FL</b>		3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 14961</b> <b>BRADENTON, FL</b> City & State <b>BRADENTON, FL</b>																									
Zip <b>34203</b>	Country <b>MARATEE</b>	Zip <b>34280-4961</b>	Country <b>MARATEE</b>																								
4. FEI Number <b>061642945</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>SMITH, MARTIN E 4916 26TH STREET WEST SUITE 200 BRADENTON, FL 34207-1707</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6150 ST RD 70 EAST</b> City <b>BRADENTON</b> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <b>FL</b> </div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <b>34203</b> </div>																									
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 <u><i>Martin E. Smith</i></u> <b>MARTIN E. SMITH</b> <u>3-29-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>SMITH, MARTIN E</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4916 26TH STREET WEST #200</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>BRADENTON, FL 342071707</b></td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	<b>SMITH, MARTIN E</b>		STREET ADDRESS	<b>4916 26TH STREET WEST #200</b>		CITY-ST-ZIP	<b>BRADENTON, FL 342071707</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>6150 ST RD 70 EAST</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>BRADENTON, FL 34203</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>6150 ST RD 70 EAST</b>	STREET ADDRESS	<b>BRADENTON, FL 34203</b>	CITY-ST-ZIP					
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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: <u><i>Martin E. Smith</i></u> <b>MARTIN E. SMITH</b> <u>3-29-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																									