

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90136 034 ***150.00

DOCUMENT # P04000112077

1. Entity Name
SENIOR AMERICAN INSURANCE SERVICES, INC.



Principal Place of Business
1900 S. HARBOR CITY BLVD.
SUITE 335
MELBOURNE, FL 32901 US

Mailing Address
1900 S. HARBOR CITY BLVD.
SUITE 335
MELBOURNE, FL 32901 US



2. Principal Place of Business

1900 S. Harbor City Blvd.
Suite 122
Melbourne, FL
32901 US

3. Mailing Address

1900 S. Harbor City Blvd.
Suite 122
Melbourne, FL
32901 US

04032006 Chg-P CR2E034 (11/05)

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

73-1713184

Applied For

Not Applicable

Zip

32901

Country

US

Zip

32901

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYNARD, LINDA J
1900 S. HARBOR CITY BLVD.
SUITE 335
MELBOURNE, FL 32901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAYNARD, LINDA J	
STREET ADDRESS	1900 S. HARBOR CITY BLVD. SUITE #335	
CITY - ST - ZIP	MELBOURNE, FL 32901	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAYNARD, LINDA J	
STREET ADDRESS	1900 S. HARBOR CITY BLVD., SUITE 335	
CITY - ST - ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Linda J. Maynard, Pres.

04-03-06 (321)7247430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #