

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50061564

REINSTATEMENT



08112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000145635					
1. Entity Name SENIOR RELIANCE ASSURANCE CORP					
Principal Place of Business 7171 N.W. 115TH WAY PARKLAND, FL 33076			Mailing Address 7171 N.W. 115TH WAY PARKLAND, FL 33076		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KASBAR, JOHN A 3880 SHERIDAN STREET HOLLYWOOD, FL 33021			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUCIA-CAAN, HARRIET		NAME		
STREET ADDRESS	7171 N.W. 115TH WAY		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL 33076		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Harriet Lucia Caan</u>			Date: <u>8/11/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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October 18, 2005

Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

Re: SENIOR RELIANCE ASSURANCE CORP.  
20-1908135  
ANNUAL REPORT 2005

Dear Sir/Madam:

We are enclosing a copy of the above-referenced Annual Report which has been re-signed with red ink by our client. The original filing had been returned to our client due to the fact that BOX 4 had not been completed. Our client, in turn, misplaced the report that your office had returned to her for completion.

Please accept the enclosed resigned report. A copy of our client's check is also enclosed. This check has already cleared the bank.

If any further information is needed please do not hesitate to contact us.

Most sincerely,

Janice M. Kasbar

/jmk  
encl: Resigned 2005 Annual Report  
Copy of check for payment

cc: Senior Reliance Assurance Corporation

John A. Kasbar & Company  
*Accountants • Tax Consultants • Financial Planners*

3880 Sheridan Street • Hollywood, Florida 33021  
Telephone: 954.983.2990 • 800.330.2990 • Fax: 954.983.6275