

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90010 030 ***150.00

DOCUMENT # P93000016663

1. Entity Name

SILVER SENIOR SERVICES INCORPORATED



Principal Place of Business

**1134 - 38TH AVE NORTH
ST. PETERSBURG FL 33704-1155**

Mailing Address

**1134 - 38TH AVE NORTH
ST. PETERSBURG FL 33704-1155**

2. Principal Place of Business

Suite, Apt. #, etc.

12301 Sunshine Lane

3. Mailing Address

Suite, Apt. #, etc.

12301 Sunshine Lane

City & State

Treasure Island, Florida

City & State

Treasure Island, Florida

Zip

33706-5033

Country

USA

Zip

33706-5033

Country

USA

4. FEI Number

59-3170263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAGLEN, COLLEEN M
1134 - 38TH AVE NORTH
ST. PETERSBURG FL 33704-1155**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12301 Sunshine Lane

City

Treasure Island

FL

Zip Code

33706-5033

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

Colleen M. Paglen (Colleen M. Paglen Current Registered Agent 3/13/06)

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.

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MC NAUGHTON SR., JOHN A.
12301 SUNSHINE LN
TREASURE ISLAND FL 33706-5033** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
SHULMISTER, JANEEL C
5321 BRUTON RD
PLANT CITY FL 33565** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PAGLEN, JAMES P.
42 GULF BLVD., APT. 10
INDIAN ROCKS BEACH FL 34635** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John A. McNaughton, Sr.

John A. McNaughton, Sr. PTD

3/13/06

(727) 527-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #