

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P93000016663

1. Entity Name
SILVER SENIOR SERVICES INCORPORATED



Principal Place of Business
12301 SUNSHINE LANE
TREASURE ISLAND, FL 33706-5033

Mailing Address
12301 SUNSHINE LANE
TREASURE ISLAND, FL 33706-5033



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3170263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PAGLEN, COLLEEN M
12301 SUNSHINE LANE
TREASURE ISLAND, FL 33706-5033

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000682330
04/04/07-80081-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MC NAUGHTON SR., JOHN A.
12301 SUNSHINE LN
TREASURE ISLAND, FL 337065033

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *John A. McNaughton, Sr.* John A. McNaughton, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07 (727) 527-1700

Date

Daytime Phone #