



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90028 024 ***150.00

DOCUMENT # P93000047006 1. Entity Name NATIONAL ASSOCIATION OF SENIOR BUYERS, INC.					
Principal Place of Business 5322 CAPE LEYTE DRIVE SARASOTA, FL 34242			Mailing Address 5322 CAPE LEYTE DRIVE SARASOTA, FL 34242		
2. Principal Place of Business 2718 ORCHID OAKS DR		3. Mailing Address 2718 ORCHID OAKS DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03102005 Chg-P CR2E034 (10/03)	
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 65-0431864	
Zip 34239		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, HUGH R 5322 CAPE LEYTE DRIVE SARASOTA, FL 34242				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: <u><i>Hugh R. Hall</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP <input type="checkbox"/> Delete	NAME HALL, HUGH R		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5322 CAPELEYTE DR.	CITY-ST-ZIP SARASOTA, FL 34242		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Hugh R. Hall</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-13-05 941-926-9517 Date Daytime Phone #		