


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 08:00 A
Secretary of State

DOCUMENT # P96000053067 1. Entity Name SENIOR LIFE COMMUNICATIONS GROUP, INC.	
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Principal Place of Business
1515 N. FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

Mailing Address
1515 N. FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432



07042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0725333	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FINLEY, CHANDLER R
1645 PALM BEACH LAKES BLVD.
SUITE 520
WEST PALM BEACH, FL 33401

**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
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINLEY, ANITA 3 BEACHWAY, NORTH OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000575700
08/30/06-80006-008-150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #