

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000092195 1. Entity Name SENIOR SOLUTIONS, INCORPORATED	
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Principal Place of Business 6095 OXBOW BEND LANE PORT ORANGE, FL 32128 US	Mailing Address 6095 OXBOW BEND LANE PORT ORANGE, FL 32128 US
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02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3415031	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERSON, STEPHANIE L 6095 OXBOW BEND LANE PORT ORANGE, FL 32128	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000226749 02/12/05-80028-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS ROBERSON, STEPHANIE 6095 OXBOW BEND LANE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERSON, WILLIAM M 6095 OXBOW BEND LANE PORT ORANGE, FL 32128
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DO NOT WRITE IN THIS SPACE	

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: *S. Roberson* **S. ROBERSON** 2/8/05 (386) 254-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #