



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90029 018 \*\*\*158.75

<b>DOCUMENT # P97000032588</b> 1. Entity Name <b>SPECIAL SENIORS OF INVERRARY, INC.</b>					
Principal Place of Business <b>7471 NW 35TH COURT LAUDERHILL, FL 33319</b>			Mailing Address <b>7471 NW 35TH COURT LAUDERHILL, FL 33319</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0751279</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KENNEDY, SIMONE L 7471 NW 35TH COURT LAUDERHILL, FL 33319</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD FISHER, PATRICK H 7421 NW 38 CT LAUDERHILL, FL 33319	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACCOUNTANT PHILBERT HILLMAN 6289 W SUNRISE BLVD STE 250 SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A SATUTEVILLE, SARA 1030 SW 16 WAY FORT LAUDERDALE, FL 33325	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMINISTRATOR DOREEN C. KENNEDY 7471 NW 35 CT LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEGALL, ANN MARIE 7421 NW 38 CT FORT LAUDERDALE, FL 33318	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SIMONE KENNEDY 7421 NW 38 CT LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Simone Kennedy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01.19.05 954-746-8550 Date Daytime Phone #		