

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077751

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** SENIOR MANAGEMENT SERVICES OF HERNANDO COUNTY, INC.

**Current Principal Place of Business:**

14452 TAMARIND LOOP  
BROOKSVILLE, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15578  
BROOKSVILLE, FL 34604 US

**New Mailing Address:**

**FEI Number:** 59-3470649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JARMAN, CAROLYN M PRES  
14452 TAMARIND LOOP  
BROOKSVILLE, FL 34609 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** JARMAN, CAROLYN M PRES  
**Address:** 14452 TAMARIND LOOP  
**City-St-Zip:** BROOKSVILLE, FL 34609 US

**Title:** T  
**Name:** JARMAN, KEVIN L TREAS  
**Address:** 311 W GIDDENS ST  
**City-St-Zip:** TAMPA, FL 33603 US

**Title:** CS  
**Name:** JARMAN, KEITH T SEC  
**Address:** 15380 EASTWOOD TRAIL  
**City-St-Zip:** BROOKSVILLE, FL 34604 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CAROLYN M JARMAN

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date