
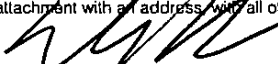


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90062 013 ***158.75

DOCUMENT # P98000041409 1. Entity Name AMERICAN SENIOR LIVING, INC.					
Principal Place of Business 3073 HORSESHOE DR SUITE 100 NAPLES, FL 34104 US			Mailing Address 3073 HORSESHOE DR SUITE 100 NAPLES, FL 34104 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3522731	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	CEO WAGNER, GEORGE P JR 3073 HORSESHOE DR STE 100 NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAGNER, GEORGE P. JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRISH, ALAN D 3073 HORSESHOE DR STE 100 NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARRISH, ALAN D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSWALD, SHARON H 3073 HORSESHOE DR STE 100 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAWLES, THOMAS 3073 HORSESHOE DR STE 100 NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/ST RAWLES, THOMAS E., JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOHN 138 BAY HILL DR. ADVANCE, NC 27006 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	See additional page <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			ALAN D. PARRISH 4/13/05 239-262-8006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Alan D. Parrish

ATTACHMENT

P78000041409 / 40055638

☐ Change

☒ Addition

D

Lawrence R. Siegel
1292 Southfield Place
Virginia Beach, VA 23452

D

Kevin M. Kornegay
P. O. Box 1002
Mt. Olive, NC 28365

☐ Change

☒ Addition