

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90304 019 ***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**

40070932



DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3522731

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
WAGNER, GEORGE P JR
3073 HORSESHOE DR STE 100
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
PARRISH, ALAN D
3073 HORSESHOE DR STE 100
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIEGEL, LAWRENCE R
1292 SOUTHFIELD PLACE
VIRGINIA BEACH, VA 23452**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
RAWLES, THOMAS
3073 HORSESHOE DR STE 100
NAPLES, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, JOHN
138 BAY HILL DR
ADVANCE, NC 27006**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KORNEGAY, KEVIN M
P.O. BOX 1002
MOUNT OLIVE, NC 28365**

**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:

George P. Wagner Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 239-262-8006
Date Daytime Phone #