

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Apr 30, 2008 08:00 AM
Secretary of State



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 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
CEOD
WAGNER, GEORGE P JR
3073 HORSESHOE DR STE 100
NAPLES, FL 34104

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WAGNER, GEORGE P III
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

000000934501
05/23/08-80030-010 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George P. Wagner, III 4-29-08 239-963-3400

Date

Daytime Phone #