

2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/8/2005-90019-014-\$150.00-\$150.00

DOCUMENT # P98000048203 1. Entity Name AMERICAN SENIOR DEVELOPMENT, INC.				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED JUL 25 AM 8:51 </div>	
Principal Place of Business 8001 NORTH DALE MABRY STE 501-I TAMPA, FL 33614		Mailing Address 8001 NORTH DALE MABRY STE 501-I TAMPA, FL 33614		<div style="position: absolute; top: 0; right: 0;"> SECRETARY OF STATE TALLAHASSEE, FLORIDA 32399-0000 </div>	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>		05232005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		4. FEI Number 59-3549792	
City & State 		City & State 		Applied For <input type="checkbox"/> Not Applicable	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGAN, JOHN E 8001 NORTH DALE MALORY STE 501-I TAMPA, FL 33614				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>[Signature]</i> <i>John E Hagan</i> <i>6-29-05</i> <small>Signature, typewritten name of registered agent and the fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P HAGAN, JOHN E 8001 N DALE MABRY STE 501-I TAMPA, FL 33614			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGAN, THOMAS E 8001 N DALE MABRY STE 501-I TAMPA, FL 33614			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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 my address, with all other like empowered.				SIGNATURE: <i>[Signature]</i> <i>John E Hagan</i> <i>6-29-05</i> <i>813 298-9792</i> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	