

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90249 011 ***150.00

DOCUMENT # P98000078694

1. Entity Name
SENIOR ADULT MANAGEMENT SERVICES, INC.



Principal Place of Business
**10590 S.E. 62ND AVENUE
 BELLEVIEW, FL 34420**

Mailing Address
**PO BOX 519
 OCALA, FL 34478**

50018635



2. Principal Place of Business
Hesperia Manor
 Suite, Apt. #, etc.
1810 S.E. 16th Ave

3. Mailing Address
Hesperia Manor
 Suite, Apt. #, etc.
P.O. Box 76509

04282006 Chg-P CR2E034 (11/05)

City & State
Ocala, FL 34471

City & State
St. Petersburg, FL

4. FEI Number
59-3531477

Zip
34471

Country
Maria

Zip
33734

Country
Florida

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

8. Name and Address of Current Registered Agent
**KAUFFMAN, JAY E
 6526 CENTRAL AVENUE
 ST. PETERSBURG, FL 33707**

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 *Jay Kauffman* DATE *4-28-06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	SPD JOHNSEN, LEONARD 10590 S.E. 62ND AVENUE BELLEVIEW, FL 34420	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: *Leonard Johnson* DATE: *4-28-06* DAYTIME PHONE #: *352-266-1241*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR