

# 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  
BELLEVUE, FL 34420**

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

**50018635**



2. Principal Place of Business

3. Mailing Address

*Hogston Manor*  
Suite, Apt. #, etc.  
**1810 S.E. 16th Ave**

*Hogston 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**

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

**KAUFFMAN, JAY E  
6526 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707**

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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-28-06*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SPD  
JOHNSON, LEONARD  
10590 S.E. 62ND AVENUE  
BELLEVUE, FL 34420** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #