

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 017 ***158.75

DOCUMENT # V31221

1. Entity Name
SENIOR SERVICE CENTER CORP.



Principal Place of Business

1525 SW 3RD ST.
STE 8
DEERFIELD BEACH, FL 33442

Mailing Address

1525 NW 3RD ST.
STE 8
DEERFIELD BEACH, FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142004

Chg-P

CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOTOCKI, CHARLES J.
1898 (E) WEST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

Name
LOTOCKI, Charles J.

Street Address (P.O. Box Number is Not Acceptable)
1525 NW 3rd St Ste 8

City
Deerfield Beach

FL

Zip Code
33442

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	PASSMAN, HOWARD	
STREET ADDRESS	1898 E. W. HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD, FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	LOTOCKI, CHARLES	
STREET ADDRESS	1898 E. W. HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSMAN, HOWARD	
STREET ADDRESS	1525 NW 3rd St., Ste 8	
CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTOCKI, CHARLES	
STREET ADDRESS	1525 NW 3rd St., Ste 8	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 approval of all officers or directors empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04 954-698-0347
Date Daytime Phone #