

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092195

Entity Name: SENIOR SOLUTIONS, INCORPORATED**Current Principal Place of Business:**1898 S. CLYDE MORRIS BLVD, STE 380
DAYTONA BEACH, FL 32119**Current Mailing Address:**1898 S. CLYDE MORRIS BLVD, STE 380
DAYTONA BEACH, FL 32119 US**FEI Number:** 59-3415031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERSON, STEPHANIE L
1898 S. CLYDE MORRIS BLVD, STE 380
DAYTONA BEACH, FL 32119 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VPTS
Name	ROBERSON, STEPHANIE L
Address	1898 S. CLYDE MORRIS BLVD, STE 380
City-State-Zip:	DAYTONA BEACH FL 32119

Title	D
Name	ROBERSON, BLAIR J
Address	1898 S. CLYDE MORRIS BLVD, STE 380
City-State-Zip:	DAYTONA BEACH FL 32119

Title	P
Name	ROBERSON, WILLIAM M
Address	1898 S. CLYDE MORRIS BLVD, STE 380
City-State-Zip:	DAYTONA BEACH FL 32119

Title	D
Name	ROBERSON, ALAINA B
Address	1898 S. CLYDE MORRIS BLVD, STE 380
City-State-Zip:	DAYTONA BEACH FL 32119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE ROBERSON

VP

02/14/2017

Electronic Signature of Signing Officer/Director Detail_____
Date