


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 05, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # F95000001680**  
1. Entity Name  
SENENICH WOOD PROPELLER COMPANY, INC.



Principal Place of Business  
2008 WOOD CT.  
PLANT CITY, FL 33567 US

Mailing Address  
120 SALLITT DR.  
SUITE A  
STEVENSVILLE, MD 21666 US



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3305026**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2008 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	P ROWELL, DONALD J 4304 LONGFELLOW DRIVE PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, DONNA 120 SALLITT DR STE A STEVENSVILLE, MD 21666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HOZIK, JOHN 120 SALLITT DR STE A STEVENSVILLE, MD 21666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER, MCBEE 120 SALLITT DR STE A STEVENSVILLE, MD 21666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER IV, HOWARD 120 SALLITT DR STE A STEVENSVILLE, MD 21666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER, JONATHAN 120 SALLITT DR STE A STEVENSVILLE, MD 21666

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IN THIS SPACE**

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: *Donna Sullivan, Controller* 4/10/08 410-604-3780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #