

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90065 030 ***150.00

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1. Entity Name

SENCO INTERNATIONAL TRADING CO.



Principal Place of Business

10 PACKARD LANE
PALM COAST FL 32164

Mailing Address

10 PACKARD LANE
PALM COAST FL 32164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4503937

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

ENZWEILER, KERRI J
10 PACKARD LANE
PALM COAST FL 32164

Name Michael C. Heil

Street Address (P.O. Box Number is Not Acceptable)
10 Packard Lane

City Palm Coast

FL

Zip Code 32164

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

3-10-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME ENZWEILER, MELISSA L
STREET ADDRESS 122 ISLE OF VENICE DR APT 4
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☒ Change ☐ Addition
NAME 10 Packard Lane
STREET ADDRESS Palm Coast, FL 32164
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME ENZWEILER, KERRI J
STREET ADDRESS 10 PACKARD LANE
CITY-ST-ZIP PALM COAST FL 32164

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

TITLE VD ☒ Delete
NAME ENZWEILER, KERRI J
STREET ADDRESS 10 PACKARD LANE
CITY-ST-ZIP PALM COAST FL 32164

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

TITLE TS ☐ Delete
NAME HEIL, MICHAEL C
STREET ADDRESS 10 PACKARD LANE
CITY-ST-ZIP PALM COAST FL 32164

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

Melissa Enzweiler

3-10-04

386 486-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #