

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064651

FILED
Aug 19, 2004
Secretary of State

Entity Name: SENSOR TECHNOLOGIES, INC.

Current Principal Place of Business:

1600 SUNSHINE DR
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

PO BOX 5988
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 59-3729052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, JAMES R
1600 SUNSHINE DR
CLEARWATER, FL 33765

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: MITCHELL, JAMES R
Address: 13246 38 ST N
City-St-Zip: CLERAWATER, FL 33762

Title: D () Delete
Name: JOHNSON, PATRICIA
Address: 13246 38 ST N
City-St-Zip: CLERAWATER, FL 33762

Title: D () Delete
Name: DOUGHERTY, DIANE
Address: 13246 38 ST N
City-St-Zip: CLERAWATER, FL 33762

Title: D () Delete
Name: LAHOWITZ, ANN
Address: 13246 38 ST N
City-St-Zip: CLERAWATER, FL 33762

Title: CFO () Delete
Name: DISLER, DODD M
Address: 13246 38 ST N
City-St-Zip: CLERAWATER, FL 33762

Title: TD () Delete
Name: DISLER, DODD M
Address: 13246 38 ST N
City-St-Zip: CLERAWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: BENNETT, LESLIE M
Address: 13246 28 ST N
City-St-Zip: CLERAWATER, FL 33762

Title: TD (X) Change () Addition
Name: BENNETT, LESLIE M
Address: 13246 38 ST N
City-St-Zip: CLERAWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LESLIE BENNETT

CD

08/19/2004

Electronic Signature of Signing Officer or Director

_____ Date