


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90329 040 ***150.00

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



Principal Place of Business 2008 WOOD CT. PLANT CITY, FL 33567 US	Mailing Address 4601 FORBES BLVD. SUITE 120 LANHAM, MD 20706 US
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14000961



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3305026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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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)

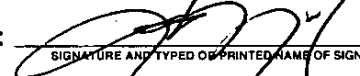
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	ST. CONTROLLER WALK, TERRENCE A 16307 NORWALK CT. 4601 FORBES BLVD BOWIE, MD 20716 LANHAM, MD 20706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HOZIK, JOHN 4601 FORBES BLVD., SUITE 120 LANHAM, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER, MCBEE 4601 FORBES BLVD., SUITE 120 LANHAM, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER IV, HOWARD 4601 FORBES BLVD., STE 1205 LANHAM, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER, JONATHAN 4601 FORBES BLVD., SUITE 120 LANHAM, MD

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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:  **John Hozik, CEO** *4/15/05* 301-731-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #