2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90329 040 ***150.00

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1. Entity Name
SENSENICH WOOD PROPELLER COMPANY, INC.

14000961

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

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 ☐ **$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	P
NAME	ROWELL, DONALD J
STREET ADDRESS	4304 LONGFELLOW DRIVE
CITY-ST-ZIP	PLANT CITY, FL
TITLE	~~ST~~ CONTROLLER
NAME	~~WAAK, TERRENCE A~~ DONNA SULLIVAN
STREET ADDRESS	~~15307 NORWALK CT.~~ 4601 FORBES BLVD
CITY-ST-ZIP	~~BOWIE, MD 20716~~ LANHAM, MD 20706
TITLE	CEO
NAME	HOZIK, JOHN
STREET ADDRESS	4601 FORBES BLVD., SUITE 120
CITY-ST-ZIP	LANHAM, MD
TITLE	D
NAME	BUTCHER, MCBEE
STREET ADDRESS	4601 FORBES BLVD., SUITE 120
CITY-ST-ZIP	LANHAM, MD
TITLE	D
NAME	BUTCHER IV, HOWARD
STREET ADDRESS	4601 FORBES BLVD., STE 1205
CITY-ST-ZIP	LANHAM, MD
TITLE	D
NAME	BUTCHER, JONATHAN
STREET ADDRESS	4601 FORBES BLVD., SUITE 120
CITY-ST-ZIP	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 #