


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000044327
 1. Entity Name
SENSEN PROPERTIES, INC.



Principal Place of Business 3203 W BAY VISTA AVE. TAMPA, FL 33611 US	Mailing Address 3203 W BAY VISTA AVE. TAMPA, FL 33611 US
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DO NOT WRITE IN THIS SPACE



04202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3512803	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

**SCHECHT, NEIL S
 3426 W KENNEDY BLVD
 TAMPA, FL 33609**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D TOLRUD, JEFF 3203 W BAY VISTA AVE. TAMPA, FL 33611
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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:  **JEFF TOLRUD**  **513-839-0754**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #