

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000004447**

1. Entity Name  
SENSENICH COMPOSITES, INC.



Principal Place of Business  
2008 WOOD COURT  
PLANT CITY, FL 33567

Mailing Address  
120 SALLITT DR  
SUITE A  
STEVENSVILLE, MD 21666



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2257762

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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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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 P  
NAME ROWELL, DONALD J  
STREET ADDRESS 4304 LONGFELLOW DRIVE  
CITY-ST-ZIP PLANT CITY, FL

TITLE C  
NAME SULLIVAN, DONNA  
STREET ADDRESS 120 SALLITT DR STE A  
CITY-ST-ZIP STEVENSVILLE, MD 21666

TITLE CEO  
NAME HOZIK, JOHN  
STREET ADDRESS 120 SALLITT DR STE A  
CITY-ST-ZIP STEVENSVILLE, MD 21666

TITLE V  
NAME BOSER, STEVEN  
STREET ADDRESS 3409 CAMPBELL RD W.  
CITY-ST-ZIP LAKELAND, FL

TITLE D  
NAME BUTCHER, MCBEE  
STREET ADDRESS 120 SALLITT DR STE A  
CITY-ST-ZIP STEVENSVILLE, MD 21666

TITLE D  
NAME BUTCHER, JONATHAN  
STREET ADDRESS 120 SALLITT DR STE A  
CITY-ST-ZIP STEVENSVILLE, MD 21666

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06/03/09-80044-008 150.00

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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: *Donna Sullivan, Controller* 4/10/08 410-604-3780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #