

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001680

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: SENSENICH WOOD PROPELLER COMPANY, INC.

## Current Principal Place of Business:

2008 WOOD CT.  
PLANT CITY, FL 33567 US

## New Principal Place of Business:

## Current Mailing Address:

120 SALLITT DR.  
SUITE A  
STEVENSVILLE, MD 21666 US

## New Mailing Address:

FEI Number: 59-3305026      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## 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: P ( ) Delete  
Name: ROWELL, DONALD J  
Address: 4304 LONGFELLOW DRIVE  
City-St-Zip: PLANT CITY, FL

Title: T ( ) Delete  
Name: SULLIVAN, DONNA  
Address: 120 SALLITT DR STE A  
City-St-Zip: STEVENSVILLE, MD 21666

Title: CEO ( ) Delete  
Name: HOZIK, JOHN  
Address: 120 SALLITT DR STE A  
City-St-Zip: STEVENSVILLE, MD 21666

Title: D ( ) Delete  
Name: BUTCHER, MCBEE  
Address: 120 SALLITT DR STE A  
City-St-Zip: STEVENSVILLE, MD 21666

Title: D ( ) Delete  
Name: BUTCHER IV, HOWARD  
Address: 120 SALLITT DR STE A  
City-St-Zip: STEVENSVILLE, MD 21666

Title: D ( ) Delete  
Name: BUTCHER, JONATHAN  
Address: 120 SALLITT DR STE A  
City-St-Zip: STEVENSVILLE, MD 21666

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONNA SULLIVAN

C

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date