

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001680

FILED
Apr 08, 2010
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
Name: ROWELL, DONALD J
Address: 4304 LONGFELLOW DRIVE
City-St-Zip: PLANT CITY, FL

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONNA SULLIVAN

C

04/08/2010

Electronic Signature of Signing Officer or Director

_____ Date