

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000111244

**Entity Name:** SENSOCON, INC.

**Current Principal Place of Business:**

3602 DMG DR  
SUITE 2  
LAKELAND, FL 33811

**Current Mailing Address:**

P.O. BOX 518  
HIGHLAND CITY, FL 33846

**FEI Number:** 20-3299519

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOHL, TONY  
5466 PEBBLE BEACH DR  
LAKELAND, FL 33812 US

*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

**Officer/Director Detail :**

Title DPST  
Name KOHL, TONY E  
Address 5466 PEBBLE BEACH DR  
City-State-Zip: LAKELAND FL 33812

*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:** TONY KOHL

**PRESIDENT**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date