

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000003023

**Entity Name:** SENSENICH COMPOSITE PROPULSION LAB, INC.

**Current Principal Place of Business:**

2004 WOOD COURT  
SUITE B  
PLANT CITY, FL 33563

**FILED**  
**Apr 19, 2022**  
**Secretary of State**  
**8071518493CC**

**Current Mailing Address:**

120 SALLITT DR.  
SUITE A  
STEVENSVILLE, MD 21666 US

**FEI Number: 35-2661031**

**Certificate of Status Desired: No**

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

SENSENICH WOOD PROPELLER COMPANY, INC.  
2008 WOOD COURT  
PLANT CITY, FL 33563 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           DIRECTOR  
Name           BUTCHER, MCBEE  
Address        120 SALLITT DR.  
                  SUITE A  
City-State-Zip: STEVENSVILLE MD 21666

Title           D  
Name           BUTCHER, IV, HOWARD  
Address        120 SALLITT DR.  
                  SUITE A  
City-State-Zip: STEVENSVILLE MD 21666

Title           D  
Name           BUTCHER, JONATHAN  
Address        120 SALLITT DR.  
                  SUITE A  
City-State-Zip: STEVENSVILLE MD 21666

Title           CEO AND TREASURER  
Name           HOZIK, JOHN  
Address        120 SALLITT DR.  
                  SUITE A  
City-State-Zip: STEVENSVILLE MD 21666

Title           PRESIDENT  
Name           BOSER, STEVEN  
Address        2004 WOOD COURT  
                  SUITE B  
City-State-Zip: PLANT CITY FL 33563

Title           SECRETARY AND CONTROLLER  
Name           SULLIVAN, DONNA  
Address        120 SALLITT DR.  
                  SUITE A  
City-State-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**

**SECRETARY AND  
CONTROLLER**

**04/19/2022**

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

\_\_\_\_\_  
Date