


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # F60103 1. Entity Name SENTECO, INC.	
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Principal Place of Business
1121 STERLING ROAD
IVERNESS, FL 34453 US

Mailing Address
P.O. BOX 579
INGLIS, FL 34449 US



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1248562	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CARLSON, BRIAN A
1121 STERLING RD.
IVERNESS, FL 34453

**DO NOT WRITE
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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD POOLE, IRENE SNIPES 20 CAPTAINS COVE RD. CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD POOLE, DANIEL CURTIS 20 CAPTAINS COVE RD. INGLIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POOLE, JAMES N105W14667 LINCOLN DRIVE GERMANTOWN, WI 53022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000001120
01/09/04-80028-016 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Irene S. Poole - Irene S. Poole Jan. 7, 2004 447-3862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #