



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # F60103 1. Entity Name SENTCO, INC.			
Principal Place of Business 1121 STERLING ROAD INVERNESS, FL 34453 US		Mailing Address P.O. BOX 579 INGLIS, FL 34449 US	
DO NOT WRITE IN THIS SPACE			
		01292008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 43-1248562	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000818107 02/15/08-80026-020 158 75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD POOLE, DANIEL CURTIS 20 CAPTAINS COVE RD. INGLIS, FL 34449		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIENER, AMANDA K 382 TRAVINO AVE SAINT AUGUSTINE, FL 32086		
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Daniel L. Poole</u> Daniel L. Poole		<u>2/4/08</u>	<u>352 447 3862</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>