

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000002244

1. Entity Name
FINANCIAL SENSE, INC.



Principal Place of Business
1013 CENTRE RD., STE. 350
WILMINGTON, DE 19805

Mailing Address
2120 DOG TRACK RD
PENSACOLA, FL 32506 US

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0336700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARPENTER, KATHY S
742 LANDING LANE
PENSACOLA, FL 32507

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CLARK, JOHN J II 1013 CENTRE RD., STE. 350 WILMINGTON, DE 19805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SLT KEEFE, LARA C 2120 DOG TRACK RD PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CARPENTER, MARSHALL O PRES 742 LANDING LANE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000953999
07/10/08-80007-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-08 850
2216929
Daytime Phone #

(Rephras Mail Lost Filing 3-16-08)