2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L25778

1. Entity Name
SENSIBLE SONOGRAPHIC SERVICES, INC.

Principal Place of Business	Mailing Address
7843 CAUSEWAY BLVD. N.	7843 CAUSEWAY BLVD. N.
ST. PETERSBURG, FL 33707 US	ST. PETERSBURG, FL 33707 US

DO NOT WRITE IN THIS SPACE

04122006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2983560	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SENS, LORETTA
7843 CAUSEWAY BLVD. N.
ST PETERSBURG, FL 33707

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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 title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U000000514060
0472970b-80155-012 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	SENS, LORETTA	
STREET ADDRESS	7843 CAUSEWAY BLVD. N.	
CITY-ST-ZIP	ST. PETE, FL 33707	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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: _Loretta Sens_   Loretta S. Sens   4-14-06   727-267-5088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #