


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90130 012 ***150.00

DOCUMENT # L46675

1. Entity Name
SENCOMMUNICATIONS, INC.



Principal Place of Business Mailing Address

1921 TAMPA EAST BLVD 1921 TAMPA EAST BLVD.
 TAMPA, FL 33619 US TAMPA, FL 33619 US

2. Principal Place of Business 3. Mailing Address

1611 Allison Woods Ln 1611 Allison Woods Ln
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Tampa FL Tampa FL

Zip Country Zip Country

33619 33619

40043510



03302006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-2984630 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SENORY, FRANCES F.
 202 WILD OAK DR
 BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name: **Frances F Senory**

Street Address (P.O. Box Number is Not Acceptable):
6209 Wild Orchid Dr.

City: **Lithia** FL Zip Code: **33549**

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: *Frances F Senory* **Frances F. Senory - President 3-31-06** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing -- \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SENORY, FRANCES F. 202 WILD OAK DR BRANDON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Frances F Senory 6209 Wild Orchid Dr. Lithia, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SENORY, PAUL W. 202 WILD OAK DR BRANDON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD Paul W. Senory 6209 Wild Orchid Dr. Lithia, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Frances F Senory* **Frances F Senory 3-31-06 813-626-4404** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR