


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90046 028 ***150.00

DOCUMENT # L46675
 1. Entity Name
 SENCOMMUNICATIONS, INC.



Principal Place of Business: 1611 ALLISO WOODS LANE TAMPA, FL 33619 US
 Mailing Address: 1611 ALLISO WOODS LANE TAMPA, FL 33619 US



2. Principal Place of Business - No P.O. Box #
 SENCOMMUNICATIONS, INC.
 1611 ALLISON WOODS LANE
 City & State: TAMPA, FL 33619

3. Mailing Address
 SENCOMMUNICATIONS, INC.
 Suite, Apt. #, etc.
 1611 ALLISON WOODS LANE
 City & State: TAMPA, FL 33619

01042008 Chg-P CR2E034 (12/06)

4. FEI Number: 59-2984630 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SENORY, FRANCES F. 6209 WILD ORCHID DR LITHIA, FL 33547				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SENORY, FRANCES F.			NAME			
STREET ADDRESS	6209 WILD ORCHID DR			STREET ADDRESS			
CITY-ST-ZIP	LITHIA, FL 33547			CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SENORY, PAUL W.			NAME			
STREET ADDRESS	6209 WILD ORCHID DR			STREET ADDRESS			
CITY-ST-ZIP	LITHIA, FL 33547			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Frances F. Senory Date: 4-3-08 Daytime Phone #: 813-626-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR