

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # P06000078638 1. Entity Name SENNA CORPORATION	
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Principal Place of Business 6715 TUMBLEWEED TRAIL BRADENTON, FL 34202	Mailing Address 6715 TUMBLEWEED TRAIL BRADENTON, FL 34202
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01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5007335	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

VOIGT, STEPHEN F. SR.
 2042 BEE RIDGE RD.
 VOIGT & VOIGT, P.A.
 SARASOTA, FL 34239

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ZIGICH, MARK 6715 TUMBLEWEED TRAIL BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ZIGICH, RENEE 6715 TUMBLEWEED TRAIL BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/07/08-80007-025 150.00

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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: Renee Zigich Renee Zigich 1-3-08 (941)7562915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #