

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000088720

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

**Entity Name:** SENSORY LABORATORIES INC

**Current Principal Place of Business:**

235 STATE ROAD 207  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

410 MARSHALL CIRCLE  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

235 STATE ROAD 207  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

410 MARSHALL CIRCLE  
SAINT AUGUSTINE, FL 32086

**FEI Number:** 27-0931267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEELBORG, LOWELL R  
9766 SUMMER GROVE WAY W  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SASICH, CAROL Y  
Address: PO BOX 4433  
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: DST  
Name: WEELBORG, NORMA C  
Address: 9766 SUMMER GROVE WAY W  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL SASICH

CEO

08/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date