


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90002 013 \*\*\*158.75

<b>DOCUMENT # P93000061683</b>	
1. Entity Name <b>SENINGTON CONSTRUCTION FLORIDA, INC.</b>	

Principal Place of Business <b>1761 DONCASTER RD CLEARWATER, FL 33764 US</b>	Mailing Address <b>1761 DONCASTER RD CLEARWATER, FL 33764 US</b>
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2. Principal Place of Business <b>242 BARING CROSS ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>242 BARING CROSS ST</b> Suite, Apt. #, etc.
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City & State <b>HENDERSON, NV</b>	City & State <b>HENDERSON, NV</b>
Zip <b>89074</b>	Country <b>US</b>

01132004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0434493</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>VEAR, CHRISTINE 1761 DONCASTER RD CLEARWATER, FL 33764</b>	
7. Name and Address of New Registered Agent Name <b>KARL CARPENTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1241 CANTERBURY ROAD</b> City <b>CLEARWATER</b> FL <b>33764</b>	

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
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VEAR, ANDREW R 1761 DONCASTER RD CLEARWATER, FL 33764</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>242 BARING CROSS ST HENDERSON, NV 89074</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST VEAR, CHRISTINE E 1761 DONCASTER RD CLEARWATER, FL 33764</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>242 BARING CROSS ST HENDERSON, NV 89074</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	2/20/04 727-423-5613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #