

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90219 029 ***150.00

DOCUMENT # P97000011955

1. Entity Name
SENSIBLE COMMUNICATION SYSTEMS, INC.



Principal Place of Business
**3408 WATERLILY CT
#104
PALM BEACH GARDENS, FL 33410**

Mailing Address
**10130 NORTHLAKE BLVD
#214-308
WEST PALM BEACH GARDENS, FL 33410**



2. Principal Place of Business - No P.O. Box #
10349 Orchid Res. Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State
West Palm Beach, FL

City & State

4. FEI Number
95-2860145

Applied For
Not Applicable

Zip
33412

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**GLADSTONE, FREDERICK L
3408 WATERLILY CT, #104
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name **Gladstone, Frederick L.**

Street Address (P.O. Box Number is Not Acceptable)
10349 Orchid Reserve Dr.

City **West Palm Beach**

FL **33412**

8. The above named entity submits the 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

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

DATE

1/10/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GLADSTONE, FREDERICK L**
STREET ADDRESS **3408 WATERLILY CT, #104**
CITY-ST-ZIP **WEST PALM BEACH, FL 33416**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Gladstone, Frederick L.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **10349 Orchid Reserve Dr.**
CITY-ST-ZIP **West Palm Beach, FL 33412**

TITLE ☐ Change ☐ 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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

361-625-9552

Daytime Phone #