

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S96423

1. Entity Name
SENSATIONS, INC.



Principal Place of Business

**337 E INDIANTOWN RD
SUITE 14
JUPITER, FL 33477**

Mailing Address

**337 E INDIANTOWN RD
SUITE 14
JUPITER, FL 33477**

DO NOT WRITE IN THIS SPACE



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0301238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILKENS, BERROCALO
801 MAPLEWOOD DR
STE 22A
JUPITER, FL 33458**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**U000000958746
09/02/08-80004-022 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROORK, JAY V
STREET ADDRESS	102 B PALM BAY CIR
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	ST
NAME	BAYIENSI, JOSEPH
STREET ADDRESS	102B PALM BAY CIR
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Jay V Roork - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/08 561-743-
Date Daytime Phone