2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

6. Name and Address of Current Registered Agent

FILED Jan 24, 2005 08:00 AM Secretary of State

DOCUMENT # F040 1. Fully Name JENSEN TUNA, INC.	00003498			secreta	ry of State
Principal Place of Business 5885 HIGHWAY 311 HOUMA, LA 70360	Mailing Āddress 5885 HIGHWAY 311 HOUMA, LA 70360		÷ .	F 19	· · · · · · · · · · · · · · · · · · ·
]	1				
DO NOT W	RITE IN THIS SD	ACE	01182005	No Chg-P	CR2E034 (10/03)

|--|--|--|

4. FEI Number 72-1215048

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE RUSH, PHIL 2930 PARADISE LAKES RD CHIPLEY, FL 32428 IN THIS SPACE

the obligat	tions of registered agent				
SIGNATURE.	Signature Typeshor printed came of registered agent and title	if applicable [NOTE Registered Ag	jent signature required when reinstating)	DATE	,,
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.	S5.00 May Be Added to Fees		
10. THE SHAP STEPLE ADDRESS ONE STEPLE ADDRESS	OFFICERS AND DIRECT P TRINH, KEN 5885 HWY 311 HOUMA, LA 70360	CTORS		U00000191594 01/24/05-80179-02	3 150.00
NAME NAME NAME ADDRESS OUT STORP	V LY, TINH 5885 HWY 311 HOUMA, LA 70360	- · · · · · · · · · · · · · · · · · · ·	, .		
NAME STREET ATORESS CITY ST ZIP	ST LAM, SOCHEN 5885 HWY 311 HOUMA, LA 70360	4.00		NOT WRITE	. ,
NAME . DEEL AUDHESS . CHY ST-ZIP			··· IN	THIS SPACE	
DIFE NAME STREET ADDRESS OUT SEZIP		erin rede jamin a	ger E.,	er e e <u>.</u>	•
HILE NAME SHEET AUDRESS UNIVESTIZE		3			

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

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(ii). Florida Statistics. 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:

982-868-3809