

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006514

Entity Name: JENSEN CABINET, INC.

FILED  
Apr 21, 2005  
Secretary of State

**Current Principal Place of Business:**

205 E MURRAY ST  
FORT WAYNE, IN 46803 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10599  
FORT WAYNE, IN 46853 US

**New Mailing Address:**

FEI Number: 35-1424596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JENSEN, DENNIS  
Address: 3530 KIRKLAND AVE  
City-St-Zip: FORT WAYNE, IN

Title: V ( ) Delete  
Name: DEDRICK, THOMAS  
Address: 1617 NORTH ANTHONY  
City-St-Zip: FORT WAYNE, IN

Title: ST ( ) Delete  
Name: FRANKLIN, JANE  
Address: 6732 LAURA LN  
City-St-Zip: FORT WAYNE, IN

Title: VP ( ) Delete  
Name: ROBERTSON, BRIAN  
Address: 2336 COMPTON DRIVE  
City-St-Zip: FORT WAYNE, IN 46815

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JANE FRANKLIN

ST

04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date