


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000000260		
1. Entity Name TENNYSON ENTERPRISES, INC.		
Principal Place of Business 4100 EXECUTIVE PLAZA P.O. BOX 677 OTTUMWA, IA 52501	Mailing Address 4100 EXECUTIVE PLAZA P.O. BOX 677 OTTUMWA, IA 52501	



DO NOT WRITE IN THIS SPACE

03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1113514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TENNYSON, IVAN 8665 BAY COLONY DR. REMINGTON 1901 NAPLES, FL 34108

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000089764 03/16/04-80002-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD TENNYSON, IVAN 8665 BAY COLONY DR. REMINGTON 1901 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TENNYSON, ROCHELLE 8665 BAY COLONY DR. REMINGTON 1901 NAPLES, FL 34108
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Ivan Tennyson* 3-4-04 239-513-0845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #