

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 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**



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1113514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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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U00000287632
04/04/05-80076-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05

Date

Daytime Phone # _____