2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000000260

1. Entity Name
TENNYSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4100 EXECUTIVE PLAZA P.O. BOX 677 OTTUMWA, IA 52501	4100 EXECUTIVE PLAZA P.O. BOX 677 OTTUMWA, IA 52501

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000396620
01/30/06-80017-006 150.00

OFFICERS AND DIRECTORS

TITLE	PCTD
NAME	TENNYSON, IVAN
STREET ADDRESS	8665 BAY COLONY DR. REMINGTON 1901
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VSD
NAME	TENNYSON, ROCHELLE
STREET ADDRESS	8665 BAY COLONY DR. REMINGTON 1901
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ivan Tennyson 1-18-06 641-682-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #