

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 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



01032007 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**

**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 remaining)

U00000606266
01/30/07 00072 007 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. 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	

**DO NOT WRITE
IN THIS SPACE**

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07

Date

6416828776

Daytime Phone #