


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # H10145
 1. Entity Name
JENSEN'S TWIN PALM RESORT MARINA, INC.



Principal Place of Business: 15107 CAPTIVA DRIVE, PO BOX 191, CAPTIVA IS. FL 33924
 Mailing Address: P.O. BOX 191, CAPTIVA IS. FL 33924



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc. City & State: Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State: Zip Country

4. FEI Number: 59-2424013 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JENSEN, DAVID
15107 CAPTIVA DR
CAPTIVA ISLAND FL 33924

7. Name and Address of New Registered Agent
 Name: Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

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]* (NOTE: Registered Agent signature required when reinstating) DATE: *[Date]*

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PD <input type="checkbox"/> Delete	NAME: JENSEN, BETTY J. STREET ADDRESS: 15166 WILES DR CITY-ST-ZIP: CAPTIVA ISLAND FL
TITLE: V <input type="checkbox"/> Delete	NAME: JENSEN, DAVID STREET ADDRESS: 15107 CAPTIVA DRIVE CITY-ST-ZIP: CAPTIVA FL 33924
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP: U00000274286 03/24/05-80005-015 150.00
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

103-2005-
 Date: Daytime Phone #: