

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90247 035 ***150.00

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04252005 Chg-P CR2E034 (10/03)

DOCUMENT # L24192 1. Entity Name JENSEN ALE HOUSE, INC.																											
Principal Place of Business 3611 NW FEDERAL HWY JENSEN BEACH, FL 34957 US		Mailing Address 612 N ORANGE AVE SUITE C-6 JUPITER, FL 33458 US																									
2. Principal Place of Business 612 N. Orange Ave <small>Suite, Apt. #, etc.</small> Suite C-6 <small>City & State</small> Jupiter, Florida <small>Zip</small> 33458 <small>Country</small> USA		3. Mailing Address <small>Suite, Apt. #, etc.</small> <small>City & State</small> <small>Zip</small> <small>Country</small> 																									
4. FEI Number 65-0151792		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><small>Applied For</small></td> <td style="width:50%;"><small>Not Applicable</small></td> </tr> </table>		<small>Applied For</small>	<small>Not Applicable</small>																						
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent MILLER, JACK W. 612 N. ORANGE AVE STE C-6 JUPITER, FL 33458		7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><small>TITLE</small></td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td><small>NAME</small></td> <td>MILLER, JACK W.</td> <td></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td>612 N. ORANGE AVE #C-6</td> <td></td> </tr> <tr> <td><small>CITY-ST-ZIP</small></td> <td>JUPITER, FL 33458</td> <td></td> </tr> </table>		<small>TITLE</small>	D	<input type="checkbox"/> Delete	<small>NAME</small>	MILLER, JACK W.		<small>STREET ADDRESS</small>	612 N. ORANGE AVE #C-6		<small>CITY-ST-ZIP</small>	JUPITER, FL 33458		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><small>TITLE</small></td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td><small>NAME</small></td> <td></td> <td></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td></td> <td></td> </tr> <tr> <td><small>CITY-ST-ZIP</small></td> <td></td> <td></td> </tr> </table>		<small>TITLE</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<small>NAME</small>			<small>STREET ADDRESS</small>			<small>CITY-ST-ZIP</small>		
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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)(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: <i>Jack W. Miller</i> 04/21/05 561-743-2299 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																											