

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90016 031 \*\*\*550.00

**DOCUMENT # P01000032207**



1. Entity Name  
**JENSEN INVESTMENTS, INC.**

Principal Place of Business  
**2769 NEW TAMPA HWY  
LAKELAND, FL 33815**

Mailing Address  
**PO BOX 1688  
LAKELAND, FL 33802**

**44047970**



2. Principal Place of Business

3. Mailing Address

**1607 Camphor DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004

Chg-P

CR2E034 (10/03)

City & State

City & State

**Lakeland FL**

Zip

Country

Zip

Country

**33803**

4. FEI Number

**59-3742525**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WENDEL, JOHN F  
C/O WENDEL & CHRITTON  
5300 S FLORIDA AVE  
LAKELAND, FL 33807**

7. Name and Address of New Registered Agent

Name

**Craig L. Jensen**

Street Address (P.O. Box Number is Not Acceptable)

**c/o Jensen Builders**

**533 Louise DR**

City

**Lakeland**

FL

Zip Code

**33803**

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 reinstating)

DATE

*Craig L. Jensen*

**7-8-04**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JENSEN, RANDY	
STREET ADDRESS	PO BOX 1688	
CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARRELL, CHRISTINE	
STREET ADDRESS	PO BOX 1688	
CITY-ST-ZIP	LAKELAND, FL 33802	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1607 Camphor DR</b>
CITY-ST-ZIP	<b>Lakeland FL 33803</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>PO Box 7772</b>
CITY-ST-ZIP	<b>Winter Haven FL 33883</b>
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Randy Jensen*

**7-8-04**

Date

**863/686-1757**

Daytime Phone #