


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
 Suite, Apt. #, etc.

3. Mailing Address
1607 Camphor DR
 Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State
Lakeland FL

4. FEI Number
59-3742525

Applied For
 Not Applicable

Zip
33803

Country

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 *Craig L. Jensen* DATE 7-8-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP | P JENSEN, RANDY PO BOX 1688 LAKELAND, FL 33802 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HARRELL, CHRISTINE PO BOX 1688 LAKELAND, FL 33802 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1607 Camphor DR Lakeland FL 33803 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO Box 7772 Winter Haven FL 33883 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 *Randy Jensen* DATE 7-8-04 DAYTIME PHONE # 863/686-1757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR