2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

ANNUAL REPORT				Secretary or State		
DOCUMENT # P01000117500 1. Entity Name JENSING, INC.					3-2008 90024 00	4 ***150.00
Principal Plac	e of Business	Mailing Address		40077773		· · · · · · · · · · · · · · · · · · ·
90 CYPRESS WAY EAST, STE 20 90 CYPRESS WAY EAST, STE 2 NAPLES, FL 34110 NAPLES, FL 34110		20				
407 5	Seagn 11 Ave					
Haples, FL 34108-2149 Naples, FL 34108-2149						
				03172008 No Ch	ig-P CR2E034	(11/05)
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number 59-3758929		Applied For Not Applicable
**************************************				Certificate of Status D		3.75 Additional
time to the term of term of term of the term of the term of the term of term of term of term of term of term of te	6. Name and Address of Current R	edistered Agent		di da inidata di diale	Fe	e Required
		agiotoi <u>aa Again</u>				3,
JENSEN, OIVIND E 90 CYPRESS WAY EAST, STE. 20					WRITE	1964
407 Seagn 11 Ave				IN THIS	SPACE	
Naples FL 34108-2149						
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 On DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND D	IRECTORS				
TITLE NAME	D JENSEN, OIVIND			***		
STREET ADDRESS	407 SEAGULL AVE.					
CITY-ST-ZIP	NAPLES, FL 34108					
TITLE	D		a dista	ing the second of the second		
NAME STREET ADDRESS	SINGER, MARK A 5550 HERON POINT DR.					
CITY-ST-ZIP	NAPLES, FL 34108					
TITLE	-			in a limbarate of a large	بالمؤسد فتواعد	e a minimum succession
NAME STREET ADDRESS						
CITY-ST-ZIP					WRITE	
TITLE	, <u> </u>			. "	SPACE	* * * * * * * * * * * * * * * * * * * *
NAME					SPACE	
STREET ADORESS CITY-ST-ZIP						¥
TITLE		-		Aller High San		State of the
NAME STREET ADDRESS						
CITY-ST-ZIP		•	***		in the state of th	
TITLE -			to the same of the			
NAME CZOCET ADDOCOG		• •				1. 100
STREET ADDRESS CITY - ST - ZIP		I and the second second	MARITY OF STREET	. The factor of the second		
	Certify that the information supplied with the	nis filing does not qualify for the ex	emotions contained	Lin Chanter 119 Florida St	atutes 1 further confi-	that the information
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.						