


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 8:00 am
Secretary of State

04-28-2004 90298 022 ***150.00

DOCUMENT # P02000025937 1. Entity Name JENSEN HOME SERVICE INC	
--	---

Principal Place of Business 1889 SW MCALLISTER LN PORT SAINT LUCIE, FL 34953	Mailing Address 1889 SW MCALLISTER LN PORT SAINT LUCIE, FL 34953
--	--

66422290



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 60-0001304	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

**JENSEN, JOHN P III
1889 SW MCALLISTER LN
PORT ST LUCIE, FL 34953**

**DO NOT WRITE
IN THIS SPACE**

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: 

PRESIDENT

4/22/04

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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, JOHN P III 1889 SW MCALLISTER LN PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENSEN, WILLIAM 242 SW HOLDEN TERRACE PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENSEN, LISA 1889 SW MCALLISTER LANE PORT ST. LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

5/12/04

DATE

772-340-4045

Daytime Phone #