


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90244 010 \*\*\*150.00

**DOCUMENT # P02000039574**

1. Entity Name  
**JENSEN & SKUBNA INC.**



Principal Place of Business: **118 3RD STREET S.W. WINTER HAVEN FL 33880**

Mailing Address: **548 LAKE DEXTER BLVD WINTER HAVEN FL 33884**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**SKUBNA, JESSIE**  
**548 LAKE DEXTER BLVD**  
**WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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, STEVE	
STREET ADDRESS	548 LAKE DEXTER BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	V	<input type="checkbox"/> Delete
NAME	SKUBNA, JESSIE	
STREET ADDRESS	548 LAKE DEXTER BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENSEN, MARY	
STREET ADDRESS	548 LAKE DEXTER BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	T	<input type="checkbox"/> Delete
NAME	SKUBNA, MARY	
STREET ADDRESS	548 LAKE DEXTER BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
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 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		
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: Jessie Skubna 4-30-04 863 201-7440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #