## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 28, 2008 8:00 am Secretary of State **DOCUMENT # P02000039574** 1. Entity Name 02-28-2008 90020 005 \*\*\*150.00 JENSEN & SKUBNA INC. Principal Place of Business Mailing Address 118 3RD STREET S.W. WINTER HAVEN FL 33880 548 LAKE DEXTER BLVD WINTER HAVEN FL 33884 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 118 3rd St S Lake Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) Applied For 4. FEI Number 75-3049677 Winter Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SKUBNA, JESSIE 548 LAKE DEXTER BLVD Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33884 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. na SIGNATURE (NOTE Registred Adent sometime assured when reputating) e, typed or graned nanxi of registried agent and this il amplicatio. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Р TITLE Change ☐ Addition TITLE Delete JENSEN, STEVE NAME STREET ADDRESS 548 LAKE DEXTER BLVD STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete SKUBNA, JESSIE - 1 NAME NAME STREET ADGRESS 548 LAKE DEXTER BLVD STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-7IP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME JENSEN, MARY STREET ADDRESS STREET ADDRESS 548 LAKE DEXTER BLVD CITY-ST-7IP CITY-ST-7IP WINTER HAVEN FL 33884 TITLE ☐ Change Addition ☐ Delete THE SKUBNA, JESSIE NAME 548 LAKE DEXTER BLVD STREET ADDRESS STREET ADDRESS CRY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP TITLE ☐ Change Delete Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Deiete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OTY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

**FILED** 

Davonio Phone #