[redacted]
02-19-2007 90061 008 ***150.00
P02000041698

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 JUL 30 AM 11:30
SECRETARY OF STATE
400205437TALLAHASSEE, FLORIDA

DOCUMENT # P02000041698

1. Entity Name
JENSEN MARINE SERVICES, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 1323 SE 17TH STREET<br>SUITE 215<br>FT. LAUDERDALE, FL 33316 | 1323 SE 17TH STREET<br>SUITE 215<br>FT. LAUDERDALE, FL 33316 |

**DO NOT WRITE IN THIS SPACE**

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0669182
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAGE, DEBRA
1323 SE 17TH STREET
SUITE 215
FT. LAUDERDALE, FL 33316

**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 _____ 02/06/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | PAGE, DEBRA |
| STREET ADDRESS | 1323 SE 17TH STREET SUITE 215 |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33316 |
| TITLE | D |
| NAME | SCOTT, AUSTIN |
| STREET ADDRESS | 1323 SE 17TH STREET SUITE 215 |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33316 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | B 7/31/07 |

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** _____ Deborah Page 7/28/07 9546487627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #