


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90386 016 ***150.00

DOCUMENT # <u>P04000076374</u>	
1. Entity Name <u>Jens Cakes "INC"</u>	

Principal Place of Business <u>511 ERICA WAY</u> <u>WINTER SPRINGS, FL 32708</u>	Mailing Address <u>511 ERICA WAY</u> <u>WINTER SPRINGS, FL 32708</u>
--	--

40075011



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number <u>13-0546310</u>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <u>DAVIES, JENEBA ESTHER</u> <u>511 ERICA WAY</u> <u>WINTER SPRINGS, FL 32708</u>
--

**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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PSTD</u> <u>DAVIES, JENEBA E</u> <u>511 ERICA WAY</u> <u>WINTER SPRINGS, FL 32708</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>DAVIES, AUGUSTINE E</u> <u>511 ERICA WAY</u> <u>WINTER SPRINGS, FL 32708</u>
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	

**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:  4-8706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #