

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90074 017 ***150.00

DOCUMENT # P93000026521

1. Entity Name

JENSEN ELECTRIC, INC.



Principal Place of Business

7453 COMMERCIAL CIR.
FORT PIERCE FL 34951

Mailing Address

7453 COMMERCIAL CIR.
FORT PIERCE FL 34951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3175718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARLATI, WILLIAM C
7453 COMMERCIAL CIR.
FORT PIERCE FL 34951

Name

William L Jensen

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

7453 Commercial Circle

City

Fort Pierce

FL

Zip Code

34951

B. 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

William L Jensen

(NOTE: Registered Agent signature required when reinstating)

4-12-04

DATE

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	ST	<input checked="" type="checkbox"/> Delete
NAME	GARLATI, MARILYN A.	
STREET ADDRESS	7453 COMMERCIAL CIR.	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	P	<input type="checkbox"/> Delete
NAME	JENSEN, WILLIAM L	
STREET ADDRESS	7453 COMMERCIAL CIR.	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GARLATI, WILLIAM C	
STREET ADDRESS	7453 COMMERCIAL CIR.	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDNEY SMITH JR	
STREET ADDRESS	7453 COMMERCIAL CIR	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY A JENSEN	
STREET ADDRESS	7453 COMMERCIAL CIR	
CITY-ST-ZIP	FORT PIERCE FL 34951	
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:

William L Jensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04 772-464-1664

Date

Daytime Phone #