

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000078454

1. Entity Name  
HERMITAGE, INC.



Principal Place of Business

2655 LEJEUNE ROAD  
STE. 201  
CORAL GABLES, FL 33134 0

Mailing Address

2655 LEJEUNE ROAD  
STE. 201  
CORAL GABLES, FL 33134 0



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0451080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BAKER, RONALD G  
2655 LEJEUNE ROAD  
STE. 201  
CORAL GABLES, FL 33134

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000167986  
07/23/04-80005-005 550.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME JENSEN, KJELL G  
STREET ADDRESS 1050 SAN PEDRO AVE.  
CITY- ST- ZIP CORAL GABLES, FL 33156

TITLE SD  
NAME JENSEN, NICOLE  
STREET ADDRESS 1050 SAN PEDRO AVE.  
CITY- ST- ZIP CORAL GABLES, FL 33156

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

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 it 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:

*Kjell Jensen*  
KJELL JENSEN  
PRES

7/21/04 305-476-8300