

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 17, 2006 08:00 AM

Secretary of State

DOCUMENT # P96000095039

1. Entity Name

JENSEN ENTERPRISES, INC.



Principal Place of Business

5585 TAYLOR ROAD
NAPLES, FL 34109 US

Mailing Address

5585 TAYLOR ROAD
NAPLES, FL 34109 US



01132006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3412008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARISH WHITE & LAWHON
3431 PINE RIDGE RD # 101
NAPLES, FL 34109

**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. ☐

\$5.00 May Be
Added to Fees

1100000389428
01/20/06-80041-016 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME JENSEN, KEVIN E
STREET ADDRESS 561 17TH STREET, NW
CITY-ST-ZIP NAPLES, FL 34120

TITLE D
NAME JENSEN, KELLEY B
STREET ADDRESS 561 17TH STREET, NW
CITY-ST-ZIP NAPLES, FL 34120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/06 239 597 00