

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90278 003 \*\*\*150.00

**DOCUMENT # P96000100360**

1. Entity Name

K. C. JENSEN CONSTRUCTION, INC.



Principal Place of Business

30921 SATIN LEAF LANE  
WESLEY CHAPEL, FL 33543

Mailing Address

POB 1030  
SAN ANTONIO, FL 33576 US

66419981



02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0725338** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JENSEN, KENNETH C  
30921 SATIN LEAF LANE  
WESLEY CHAPEL, FL 33543

**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, 2004 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 JENSEN, KENNETH C  
STREET ADDRESS 30921 SATIN LEAF LN  
CITY-ST-ZIP WESLEY CHAPEL, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/2004 813  
923-2162  
Daytime Phone #