

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90006 038 \*\*\*150.00

**DOCUMENT # P97000011879**

1. Entity Name

STENSGAARD, INC.



Principal Place of Business

1719 NW 23RD AVE APT 1-B  
GAINESVILLE FL 32605  
US

Mailing Address

PO BOX 1481  
GAINESVILLE FL 32602  
US

54013103



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

SAME AS PRINCIPAL  
PLACE OF BUSINESS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3425082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STENSGAARD, WILLIAM H  
1719 NW 23RD AVE APT 1-B  
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

**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 DPT ☐ Delete  
NAME STENSGAARD, WILLIAM H  
STREET ADDRESS 1719 NW 23RD AVE APT 1-B  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE DS ☐ Delete  
NAME STENSGAARD, ELIZABETH J  
STREET ADDRESS 1719 NW 23RD AVE APT 1-B  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE DVP ☒ Delete  
NAME HENRY, THOMAS F  
STREET ADDRESS 1825 SW 75TH ST  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 H. Stensgaard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. STENSGAARD  
PRESIDENT

3/15/04 (352) 371

Date

Daytime Phone #