


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000036854</b> 1. Entity Name JENSEN INVESTORS, INC.	
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Principal Place of Business 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957	Mailing Address 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957
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**DO NOT WRITE IN THIS SPACE**

03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0836892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PARE, ROBERT H JR. MD  
3498 NW FEDERAL HWY  
JENSEN BEACH, FL 34957

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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARE, ROBERT H JR 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMSON, ALTON L MD 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLOMER, ALLISON MD 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COLLINS, EVAN M 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/02/05-80015-004 150.00

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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:**  **R.H. Pare Jr.**  **5/29/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #