


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M72692</b> 1. Entity Name JEPSEN TOOL COMPANY, INC.	
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Principal Place of Business 6864 PHILLIPS PARKWAY DR. SOUTH JACKSONVILLE, FL 32256-1564	Mailing Address 6864 PHILLIPS PARKWAY DR. SOUTH JACKSONVILLE, FL 32256-1564
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01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2876618	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

SHEFFIED, HOWARD  
 10192 SAN JOSE BLVD.  
 JACKSONVILLE, FL 32223

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPECKHAHN, HENRY D. 2663 N. OCEAN SHORE BLVD. BEVERLY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPECKHAHN, INGEBORG S. 2663 N. OCEAN SHORE BLVD. BEVERLY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPECKHAHN, MICHAEL 131 MAYS COVE EAST PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000787552  
 01/18/08-80004-014 150.00

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

SIGNATURE: J.S. Speck Sec/Treas. 1-16-08 904-262-2793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #