


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90106 007 \*\*\*150.00

<b>DOCUMENT # F96000005813</b>		
1. Entity Name <b>JAKOB GERHARDT USA, INC.</b>		

Principal Place of Business <b>4900 MILLENIA BLVD STE F BLDG 1 ORLANDO, FL 32839</b>	Mailing Address <b>7611 CONVOY COURT SAN DIEGO, CA 92111</b>
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**60011340**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>8221 ARJONS DRIVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE F</b>	
City & State		City & State <b>SAN DIEGO, CA</b>	
Zip	Country	Zip	Country
		<b>92126</b>	<b>USA</b>



01192007 Chg-P CR2E034 (12/06)

4. FEI Number <b>33-0714025</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PAASCH, MICHAEL A 225 E. ROBINSON ST. ORLANDO, FL 32802-2854</b>		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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPKINS, FONDA</b>	NAME	<b>8221 ARJONS DRIVE, SUITE F</b>
STREET ADDRESS	<b>7611 CONVOY COURT</b>	STREET ADDRESS	<b>SAN DIEGO, CA 92126</b>
CITY-ST-ZIP	<b>SAN DIEGO, CA 92111</b>	CITY-ST-ZIP	<b>SAN DIEGO, CA 92126</b>
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPKINS, FONDA</b>	NAME	<b>8221 ARJONS DRIVE, SUITE F</b>
STREET ADDRESS	<b>7611 CONVOY COURT</b>	STREET ADDRESS	<b>SAN DIEGO, CA 92126</b>
CITY-ST-ZIP	<b>SAN DIEGO, CA 92111</b>	CITY-ST-ZIP	<b>SAN DIEGO, CA 92126</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **877.705.5669**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #