2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90020 012 ***150.00

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1. Entity Name
J.T. THORPE & SON, INC.

Principal Place of Business	Mailing Address
1060 HENSLEY STREET RICHMOND, CA 94801	1060 HENSLEY STREET RICHMOND, CA 94801

03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-0925270
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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	P
NAME	STUTZMAN, MARK C
STREET ADDRESS	5940 TAFT AVENUE
CITY-ST-ZIP	OAKLAND, CA
TITLE	V
NAME	STEWART, GARY A
STREET ADDRESS	1350 REGAL DRIVE
CITY-ST-ZIP	NAPA, CA
TITLE	T
NAME	ELAM, MICHAEL P
STREET ADDRESS	28 DARLENE CT
CITY-ST-ZIP	ALAMO, CA 94583
TITLE	D
NAME	JACKSON, CRAIG P
STREET ADDRESS	116 31ST ST
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 3/11/04 510 233-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #