

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90224 035 ***150.00

DOCUMENT # F98000001135

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



Principal Place of Business
**1060 HENSLEY STREET
RICHMOND, CA 94801**

Mailing Address
**1060 HENSLEY STREET
RICHMOND, CA 94801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

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, 2006 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	<input checked="" type="checkbox"/> Delete
NAME	STUTZMAN, MARK C	
STREET ADDRESS	5940 TAFT AVENUE	
CITY-ST-ZIP	OAKLAND, CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIARAMITA, RICHARD	
STREET ADDRESS	4383 EMERALD RIDGE	
CITY-ST-ZIP	FAIRFIELD, CA 94534	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELAM, MICHAEL P	
STREET ADDRESS	28 DARLENE CT	
CITY-ST-ZIP	ALAMO, CA 94583	
TITLE	S	<input type="checkbox"/> Delete
NAME	DYAKON, GREGG	
STREET ADDRESS	6 LARKFIELD LANE	
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	STUTZMAN, MARK C	
STREET ADDRESS	5874 MARGARIDO DR.	
CITY-ST-ZIP	OAKLAND, CA 94618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELAM, MICHAEL P	
STREET ADDRESS	28 DARLENE COURT	
CITY-ST-ZIP	ALAMO, CA 94507	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, CRAIG P.	
STREET ADDRESS	116 - 31ST STREET	
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, BRYAN R.	
STREET ADDRESS	1193 ANGUS COURT	
CITY-ST-ZIP	PARK CITY, UT 84098	

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06

510-233-2500