

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
May 04, 2007 08:00 A
Secretary of State



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-0925270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACKSON, CRAIG P
STREET ADDRESS	116 31ST ST
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266

TITLE	D
NAME	GIARAMITA, RICHARD
STREET ADDRESS	4383 EMERALD RIDGE
CITY-ST-ZIP	FAIRFIELD, CA 94534

TITLE	T
NAME	ELAM, MICHAEL P
STREET ADDRESS	28 DARLENE CT
CITY-ST-ZIP	ALAMO, CA 94583

TITLE	S
NAME	DYAKON, GREGG
STREET ADDRESS	6 LARKFIELD LANE
CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677

TITLE	PCEO
NAME	STUTZMAN, MARK C
STREET ADDRESS	5874 MARGARIDO DR.
CITY-ST-ZIP	OAKLAND, CA 94618

TITLE	D
NAME	YOUNG, BRYAN R
STREET ADDRESS	1193 ANGUS CRT
CITY-ST-ZIP	PARK CITY, UT 84098

U000000761460
05/25/07-80055-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

510-233-2500