

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

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



04302008 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 ☐ \$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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000948285  
06/02/08-80048-021 150.00

**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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this form 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 #

4/30/08

510-233-2500