2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 03, 2007
Secretary of State

DOCUMENT# J52350

Entity Name: JIPACA, INC.

Current Principal Place of Business:

% JAMES M. THOMAS
1850 SOUTH THIRD ST
JACKSONVILLE BCH, FL 32250

New Principal Place of Business:

% CARTER L. QUILLEN
1850 SOUTH THIRD ST
JACKSONVILLE BCH, FL 32250

Current Mailing Address:

% JAMES M. THOMAS
1850 SOUTH THIRD ST
JACKSONVILLE BCH, FL 32250

New Mailing Address:

% CARTER L. QUILLEN
1850 SOUTH THIRD ST
JACKSONVILLE BCH, FL 32250

FEI Number: 59-2757868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JAMES M.
1850 SOUTH THIRD ST
JACKSONVILLE BCH, FL 32250 US

Name and Address of New Registered Agent:

QUILLEN, CARTER L.
1850 SOUTH THIRD ST
JACKSONVILLE BCH, FL 32250 US

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.

SIGNATURE: CARTER L. QUILLEN 10/03/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMAS, JAMES M.,
Address: 1850 S THIRD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: VD ( ) Delete
Name: THOMAS, PATRICIA C.,
Address: 1850 S THIRD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: SD ( ) Delete
Name: ROTH, BRENDA D.,
Address: 1850 S THIRD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: TD (X) Delete
Name: QUILLEN, CARTER L.,
Address: 1850 S THIRD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: QUILLEN, CARTER L.,
Address: 1850 S THIRD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: V (X) Change ( ) Addition
Name: DAVIS, ELIZABETH,
Address: 1850 S THIRD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: STD (X) Change ( ) Addition
Name: ROTH, BRENDA D.,
Address: 1850 S THIRD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARTER L. QUILLEN PD 10/03/2007
Electronic Signature of Signing Officer or Director Date