# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2011**
**Secretary of State**

DOCUMENT# J52350

**Entity Name:** JIPACA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CARTER QUILLEN PD 01/05/2011

Electronic Signature of Signing Officer or Director Date