

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 036 ***150.00

DOCUMENT # P04000121348

1. Entity Name
JOPAKE, INC



Principal Place of Business
**118 COLON AVE
ST AUGUSTINE, FL 32095**

Mailing Address
**118 COLON AVE
ST AUGUSTINE, FL 32095**

60024113



DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1231241

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALDRON, HARRY H
118 COLON AVE
ST AUGUSTINE, FL 32095**

**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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALDRON, HARRY H
STREET ADDRESS 118 COLON AVE
CITY-ST-ZIP ST AUGUSTINE, FL 32095

TITLE STD
NAME WALDRON, GWENDOLYN A
STREET ADDRESS 118 COLON AVE
CITY-ST-ZIP ST AUGUSTINE, FL 32095

TITLE D
NAME WALDRON, JOHN W
STREET ADDRESS 118 COLON AVE
CITY-ST-ZIP ST AUGUSTINE, FL 32095

TITLE D
NAME WALDRON, PAUL M
STREET ADDRESS 118 COLON AVE
CITY-ST-ZIP ST AUGUSTINE, FL 32095

TITLE D
NAME WALDRON, KEITH W
STREET ADDRESS 118 COLON AVE
CITY-ST-ZIP ST AUGUSTINE, FL 32095

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Paul M. Waldron Paul M. Waldron

4/13/08

904-829-9146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #