

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021960

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** DAVE GIBSON & ASSOCIATES INC.

**Current Principal Place of Business:**

2254 ROYAL FERN LANE SOUTH  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

2254 ROYAL FERN LANE SOUTH  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

FEI Number: 20-2327313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 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: DPT  
Name: GIBSON, DAVID  
Address: 2254 ROYAL FERN LANE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: DS  
Name: GIBSON, KAREN  
Address: 2254 ROYAL FERN LANE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32223 US

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: DAVID GIBSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPT

04/23/2012

\_\_\_\_\_  
Date