


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90017 014 ***150.00

DOCUMENT # P06000066481 1. Entity Name GIPSON ENTERPRISES, INC					
Principal Place of Business 1023 JOINER RD CHIPLEY FL 32428			Mailing Address 1023 JOINER RD CHIPLEY FL 32428		
2. Principal Place of Business - No P.O. Box # 2437 PARK AVENUE			3. Mailing Address Suite, Apt. #, etc.		
City & State Alford FL			City & State		
Zip 32420		Country JACKSON		Zip Country	
6. Name and Address of Current Registered Agent GIPSON, RHONDA H 1023 JOINER RD CHIPLEY FL 32428			7. Name and Address of New Registered Agent Name RHONDA GIPSON Street Address (P.O. Box Number is Not Acceptable) 2437 PARK AVENUE City Alford FL Zip Code 32420		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIPSON, GLEN 1023 JOINER RD CHIPLEY FL 32428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIPSON, RHONDA 1023 JOINER RD CHIPLEY FL 32428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Rhonda Gipson</u> RHONDA GIPSON			3-6-08 850-579-4545		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



1st MOORE CR2E034 (10/07)