

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P12824 1. Entity Name GIBBENS DRAKE SCOTT, INC.	
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Principal Place of Business 9201 E. 63RD STREET, STE. 100 RAYTOWN, MO 64133 US	Mailing Address 9201 E. 63RD STREET, STE. 100 RAYTOWN, MO 64133 US
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1303814	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 32301

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBBENS, THOMAS E 9201 E. 63RD STREET, STE. 100 RAYTOWN, MO 64133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DRAKE, ROBERT M 9201 E. 63RD STREET, STE. 100 RAYTOWN, MO 64133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT, TIMOTHY L 9201 E. 63RD STREET, STE. 100 RAYTOWN, MO 64133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRA, JAY R 9201 E. 63RD STREET, STE. 100 RAYTOWN, MD 64133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/02/07-80030-006 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Gibbens - President

Date

Daytime Phone #

1/30/07 816-358-1790