2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# 361776

Entity Name: W.A. GIBSON ENTERPRISES, INC.

Current Principal Place of Business:

170 NAYLOR ROAD
VILONIA, AR 72173

New Principal Place of Business:

Current Mailing Address:

170 NAYLOR ROAD
VILONIA, AR 72173

New Mailing Address:

FEI Number: 59-1683539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, L.M.
13022 MT. PLEASANT ROAD
JACKSONVILLE, FL 32225 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GIBSON, W.A., III,
Address: 170 NAYLOR ROAD
City-St-Zip: VILONIA, AR 00000,

Title: VD ( ) Delete
Name: GIBSON, JOSEPH A
Address: 84 CROOKED CREEK
City-St-Zip: CONWAY, AR 72032

Title: STD ( ) Delete
Name: GIBSON, JUDY,
Address: 170 NAYLOR ROAD
City-St-Zip: VILONIA, AR 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GIBSON, WILLIAM A PD
Address: 170 NAYLOR ROAD
City-St-Zip: VILONIA,, AR 72173 US

Title: VD (X) Change ( ) Addition
Name: GIBSON, JOSEPH A VD
Address: 168 NAYLOR RD.
City-St-Zip: VILONIA, AR 72173 US

Title: STD (X) Change ( ) Addition
Name: GIBSON, JUDY P STD
Address: 170 NAYLOR ROAD
City-St-Zip: VILONIA,, AR 72173 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUDY GIBSON STD 04/04/2005

Electronic Signature of Signing Officer or Director Date