2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 361776

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

Principal Place of Business	Mailing Address
170 NAYLOR ROAD VILONIA, AR 72173	170 NAYLOR ROAD VILONIA, AR 72173

03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1683539
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	GIBSON, WILLIAM A PD
STREET ADDRESS	170 NAYLOR ROAD
CITY-ST-ZIP	VILONIA,, AR 72173
TITLE	VD
NAME	GIBSON, JOSEPH A VD
STREET ADDRESS	168 NAYLOR RD.
CITY-ST-ZIP	VILONIA, AR 72173
TITLE	STD
NAME	GIBSON, JUDY P STD
STREET ADDRESS	170 NAYLOR ROAD
CITY-ST-ZIP	VILONIA,, AR 72173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000513493
04/29/06-80129-023 150.00

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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: Judy P. Gibson 3/17/06 501-733-2381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #