

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 361776

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



Principal Place of Business

170 NAYLOR ROAD
VILONIA, AR 72173

Mailing Address

170 NAYLOR ROAD
VILONIA, AR 72173

FILED
Apr 13, 2007 08:00 A
Secretary of State



04102007 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

**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 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

**DO NOT WRITE
IN THIS SPACE**

U00000703762
04/20/07-80154-011 150.00

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

Judy P. Gibson Judy P. Gibson 4/10/07 501-796-2980