

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90045 002 ***150.00

DOCUMENT # 466863

1. Entity Name
GIBSON & LOGGINS, P.A.



Principal Place of Business

~~303 BANYAN BLVD~~
~~STE 400~~
WEST PALM BEACH, FL 33401 US

Mailing Address

P.O. BOX 1629
WEST PALM BEACH, FL 33402 US

40009840



2. Principal Place of Business - No P.O. Box #

319 CLEMATIS ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33401

Country

USA

Zip

Country

01082008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1592169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GIBSON, HERBERT C
303 BANYAN BLVD. #400
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 size if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	GIBSON, HERBERT C	
STREET ADDRESS	303 BANYAN BLVD. #400	
CITY-ST-ZIP	W. PALM BEACH, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOGGINS, KATHLEEN	
STREET ADDRESS	303 BANYAN BLVD., #400	
CITY-ST-ZIP	W. PALM BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

01-16-08

561-655-8686

Date

Daytime Phone #