


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # 466942 1. Entity Name T. C. AND RUTH B. GIBSON, INC.	
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Principal Place of Business 110 E. YORK ST. P.O. BOX 535 MONTICELLO, FL 32345 US	Mailing Address 110 E. YORK ST. P.O. BOX 535 MONTICELLO, FL 32345 US
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1729307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAFFORD, SARAH RUTH
 110 E. YORK STREET
 MONTICELLO, FL 32345

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000878811 04/14/08-80070-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAFFORD, SARAH RUTH 110 E. YORK STREET MONTICELLO, FL 32345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS PAFFORD, JAMES M. SR. 110 E. YORK STREET MONTICELLO, FL 32345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDA MAY, ASHLEY P. 1103 LIVE OAK PLANTATION RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Sarah Ruth Pafford Sarah Ruth Pafford 4/1/08 850/997-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #