

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 562044**

1. Entity Name  
GIBSON PROPERTIES, INC.



Principal Place of Business  
903 THE MASTERS BLVD  
SHALIMAR, FL 32579 US

Mailing Address  
903 THE MASTERS BLVD  
SHALIMAR, FL 32579 US



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1814822

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GIBSON, AUDREY E.  
516 BAYVIEW ST  
DESTIN, FL 32541

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GIBSON, AUDREY E 516 BAYVIEW ST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GIBSON, JOHN MARK 829 KELL-AIRE CT DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GIBSON, CHRISTIANNE 249 BROOKS ST FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GIBSON, CHRISTIANNE 249 BROOKS ST SE FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *John M. Gibson* **John M. Gibson** 4-27-04 850-244-6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #