### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # F03000003080

1. Entity Name

GIBSON GUITAR CORP.



FILED Apr 24, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

309 PLUS PARK BLVD. NASHVILLE, TN 37217 309 PLUS PARK BLVD. NASHVILLE, TN 37217



#### DO NOT WRITE IN THIS SPACE

02212007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 73-1244520 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

## 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 CCEO TITLE NAME JUSZKIEWICZ, HENRY E STREET ADDRESS 309 PLUS PARK BLVD. CITY-ST-ZIP NASHVILLE, TN 37217 TITLE JUSZKIEWICZ, HENRY E NAME STREET ADDRESS 309 PLUS PARK BLVD. CITY-ST-ZIP NASHVILLE, TN 37217 TITLE BERRYMAN, DAVID H NAME STREET ADDRESS 645 MASSMAN DR. CITY-ST-ZIP NASHVILLE, TN 37210 TITLE MITCHELL, ROGER NAME STREET ADDRESS 309 PLUS PARK BLVD. CITY-ST-ZIP NASHVILLE, TN 37217 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U00000727905 05/04/07-80067-005 150.00

# DO NOT WRITE IN THIS SPACE

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 charged, or on an attachment with an address, withalliptiner like empowered.

SI	G١	۱A	TU	R	E	

STREET ADDRESS CITY-ST-ZIP

IATURE AND TYPED OR PRINTED NAME OF SIDNING OFFICER OR DIRECTOR

Date

Daytime Phone #