

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000003641**

1. Entity Name  
**MCKIBBON BROTHERS, INC.**



Principal Place of Business  
**402 WASHINGTON ST.  
GAINESVILLE, GA 30501**

Mailing Address  
**P.O. BOX 1018  
GAINESVILLE, GA 30503**



02232008 No Chg-P CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-0556299**

Applied For  
Not Applicable

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

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

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	C MCKIBBON, J.B. 402 WASHINGTON ST GAINESVILLE, GA 30501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STURDIVANT, GAINES 402 WASHINGTON ST GAINESVILLE, GA 30501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, RICHARD M 402 WASHINGTON ST GAINESVILLE, GA 30501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCKIBBON, JOHN B III 402 WASHINGTON ST GAINESVILLE, GA 30501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCKIBBON, STEVE P 402 WASHINGTON ST GAINESVILLE, GA 30501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JACKSON, DENNIS W 402 WASHINGTON ST GAINESVILLE, GA 30501

000000476054  
04/05/06-80041-023 150.00

**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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR