


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3. Apr 07, 2008 8:00 am
Secretary of State

03-20-2008 90026 045 ***150.00

DOCUMENT # G11105 1. Entity Name CRIBBS & SONS, INC.	
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Principal Place of Business 1005 S. JEFFERSON STREET PERRY, FL 32347	Mailing Address 1005 S. JEFFERSON STREET PERRY, FL 32347
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66005893



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2229216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERSONS, JAMES P 1005 S JEFFERSON ST PERRY, FL 32347	DO NOT WRITE IN THIS SPACE
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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: James P. Persons DATE: 3-10-08

(NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERSONS, JAMES P. 2528 QY STRICKLAND RD PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRIBBS, ART L. 305 GLENRIDGE RD PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRIBBS, MEL L 5665 POTTS STILL RD PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: James P. Persons Date: 4-3-08 850-584-3883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR