


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000058844 1. Entity Name GIBSON & GIBSON, LLC	
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Principal Place of Business 19201 WITTS END ALVA, FL 33920	Mailing Address 19201 WITTS END ALVA, FL 33920
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DO NOT WRITE IN THIS SPACE



01212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4552058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

GIBSON, MAURICE B  
 19201 WITTS END  
 ALVA, FL 33920

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000924854  
 05/20/08-80003-013 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIBSON, MAURICE B 19201 WITTS END ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIBSON, SANDRA J 19201 WITTS END ALVA, FL 33920
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sandra J Gibson      4/25/08      (239) 303-3575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #