

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L60259</b>	
1. Entity Name <b>GIBNEY LEASING CORP. OF FLORIDA</b>	
Principal Place of Business <b>7090 WEDDINGTON RD CONCORD, NC 28027 US</b>	Mailing Address <b>7090 WEDDINGTON RD EXT CONCORD, NC 28027 US</b>



03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0202097</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GIBNEY, THOMAS 1168 SW COLEMAN AVE PORT SAINT LUCIE, FL 34953</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GIBNEY, VIRGINIA G 826 KINGS CROSSING DR CONCORD, NC 28027.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GIBNEY, THOMAS R JR 3 COED LANE STONYBROOK, NY 11793</b>
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04/25/07-80039-010 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Virginia Kaler* 4/13/07 704 792 2067