

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004178

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: PROVIDENTIAL SUPPLY, INC.

## Current Principal Place of Business:

2701 NE 10TH STREET  
#103  
OCALA, FL 34470

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 5255  
OCALA, FL 34470

## New Mailing Address:

FEI Number: 20-8913960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIBBONEY, HARRY S III  
2701 NE 10TH STREET  
#103  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GIBBONEY, HARRY S III  
Address: 2701 NE 10TH STREET #103  
City-St-Zip: OCALA, FL 34470

Title: VP ( ) Delete  
Name: BARINEAU, CURTIS R  
Address: 64 SHADY OAKS WAY  
City-St-Zip: HAVANA, FL 32333

Title: S ( ) Delete  
Name: GIBBONEY, DEBRA R  
Address: 2701 NE 10TH STREET #103  
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete  
Name: LINDSAY, RUSSELL C  
Address: 1907 SE 14TH AVENUE  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: GIBBONEY, NATHAN R  
Address: 2701 NE 10TH STREET  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: LINDSAY, ERIN G  
Address: 2701 NE 10TH STREET  
City-St-Zip: OCALA, FL 34470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY GIBBONEY

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date