

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001318

**FILED
Apr 15, 2007
Secretary of State**

Entity Name: MAVIS GIBSON, INC.

Current Principal Place of Business:

150 BELLEVIEW BLVD.
SUITE 303
BELLEAIR, FL 33756

New Principal Place of Business:

150 BELLEVIEW BLVD.
SUITE 802
BELLEAIR, FL 33756

Current Mailing Address:

150 BELLEVIEW BLVD.
SUITE 303
BELLEAIR, FL 33756

New Mailing Address:

150 BELLEVIEW BLVD.
SUITE 802
BELLEAIR, FL 33756

FEI Number: 59-3618137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, R. CARLTON
1253 PARK ST.
CLEARWATER, FL 33757 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIBSON, MAVIS A
Address: 150 BELLEVIEW BLVD
City-St-Zip: BELLEAIR, FL 33756

Title: ST () Delete
Name: PREVAS, JOHN
Address: 150 BELLEVIEW BLVD
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAVIS GIBSON

P

04/15/2007

Electronic Signature of Signing Officer or Director

_____ Date