2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE. 2

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # P0000039390 1. Entity Name GIBERSON ENTERPRISES, INC.						05-03-200	95 90114 027 ***	*150.00
Principal Place of Business 525 SOUTHWEST 10TH AVENUE FORT LAUDERDALE, FL 33312 Mailing Address 525 SOUTHWEST 10TH AVENUE FORT LAUDERDALE, FL 33312						4000		
2. Principal Place of Business 400 Canal Point South 3. Mailing Address 400 Canal Point				South				
Suite, Apt. #, etc. Suite, Apt. # 129					02192005	Chg-P	CR2E034 (10/0	3)
City & State	Beach, FL	City & State Delray Beach, FL			4. FEI Numb	•	├	Applied For Not Applicable
Zíp Country Z		Zip				of Status Desired	\$8.75 A	Additional
33111	Registered Agent	03	··· · · · · · · · · · · · · · · · · ·	7. Name and	Address of New F	. ,		
GIBERSON, GARY G				Giberson, Gary G.				
525 SOUTHWEST 10TH AVENUE FORT LAUDERDALE, FL 33312				Street Address (P.O. Box Number is Not Acceptable) 400 Canal Point South				
TONI EAGDENDALE, TE 33372				#129				
					Delray Bea			14-1882
8. The above named entity submits the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Forms Signature Forms Signature required when reinstating) Output Date								
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS 11			· · ·	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTO	•
NAME STREET ADDRESS CITY-ST-ZIP	GIBERSON, GARY G 525 SW 10TH AVENUE			ET ADDRESS 4	400 Canal Point South #129 Delray Beach, FL 33444-1882			
TITLE NAME			TITLE				Chang	e 🗀 Addition
STREET ADDRESS CITY-ST-ZIP	525 SW 10TH AVENUE			TADDRESS 400 Canal Point South #129 Delray Beach, FL 33444-1882				
TITLE NAME STREET ADDRESS	N N		TITLE NAME STREE				Chang	e 🗌 Addition
CITY-ST-ZIP			+	ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP		□] Delete		i			☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Chang	e Addition
12. I hereby indicated of the co-	certify that the information supplied with I on this report or supplemental eport is reporation or the receiver of trustee empo , or on an attachment with an address, w	this filling does not qualify for True and accurate and that movered to execute this report a with all other like empowered.	the exer ny signat as requir	nption stated in ure shall have sed by Chapter	n Section 119.07(3) the same legal effer r 607, Florida Statute	(i), Florida Statutes. ct as if made under es; and that my nam	. I further certify that the cath; that I am an office appears in Block 18	e information cer or director or Block 11 if

Gary G. Giberson President \$4/29/0571-431-8325
FSIGNING OFFICER OR DIRECTOR

Daylore Phone #