

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000040432

**FILED  
Jan 27, 2005  
Secretary of State**

**Entity Name:** GIBBS FURNITURE OF LAKE PLACID, INC.

**Current Principal Place of Business:**

594 US 27 NORTH  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

594 US 27 NORTH  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 65-1004470      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBBS, DARRYL P  
594 US 27 NORTH  
LAKE PLACID, FL 33852      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: PD ( ) Delete  
Name: GIBBS, DARRYL P  
Address: 594 US 27 NORTH  
City-St-Zip: LAKE PLACID, FL 33852

Title: VD ( ) Delete  
Name: GIBBS, HARRY DONALD  
Address: 6 LAKE STEARNS DR.  
City-St-Zip: LAKE PLACID, FL 33852

Title: STD ( ) Delete  
Name: GIBBS, TAMMY  
Address: 594 US 27 NORTH  
City-St-Zip: LAKE PLACID, FL 33852

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DARRYL GIBBS

PD

01/27/2005

Electronic Signature of Signing Officer or Director

Date