


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90048 002 ***150.00

DOCUMENT # P00000116282	
1. Entity Name GIBSON SAW REPAIR OF NORTH FLORIDA, INC.	

Principal Place of Business 813 BRIANDAV ST TALLAHASSEE FL 32305	Mailing Address 813 BRIANDAV ST TALLAHASSEE FL 32305
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3688465	<input type="checkbox"/> Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent GIBSON, JR., LOUIS S 813 BRIANDAV ST TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reissuing) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD GIBSON, JR, LOUIS S 813 BRIMNDAY ST TALLAHASSEE FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<u>Correction</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 813 Briandav St
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: G. R. L. (President) 1/26/07 (850) 877-1983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #