


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90015 004 ***150.00

DOCUMENT # P02000116167 1. Entity Name LINDA BIRREL GIBSON, P.A.																																					
Principal Place of Business 677 DAVE NISBET DRIVE SUITE 111 CAPE CANAVERAL, FL 32920 US			Mailing Address 677 DAVE NISBET DRIVE SUITE 111 CAPE CANAVERAL, FL 32920 US																																		
2. Principal Place of Business		3. Mailing Address																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																			
City & State		City & State																																			
Zip	Country	Zip	Country																																		
6. Name and Address of Current Registered Agent GIBSON, LINDA B 7001 N. ATLANTIC AVENUE SUITE 111 CAPE CANAVERAL, FL 32920				7. Name and Address of New Registered Agent Name LINDA B. GIBSON Street Address (P.O. Box Number is Not Acceptable) 677 Dave Nisbet Drive Suite 111 City Cape Canaveral FL Zip Code 32920																																	
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 <i>Linda B. Gibson</i> LINDA B. GIBSON 4/6/2004 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">TITLE</td> <td style="width:10%; padding: 2px;">P</td> <td style="width:70%; padding: 2px;"> GIBSON, LINDA B <input type="checkbox"/> Delete 7001 N. ATLANTIC AVENUE, SUITE 111 CAPE CANAVERAL, FL 32920 </td> <td style="width:10%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	P	GIBSON, LINDA B <input type="checkbox"/> Delete 7001 N. ATLANTIC AVENUE, SUITE 111 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; padding: 2px;">TITLE</td> <td style="width:10%; padding: 2px;"></td> <td style="width:70%; padding: 2px;"> 677 Dave Nisbet Drive, Suite 111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cape Canaveral, FL 32920 </td> <td style="width:10%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE		677 Dave Nisbet Drive, Suite 111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cape Canaveral, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 <i>Linda B. Gibson</i> LINDA B. GIBSON 4/6/2004 321-799-2870 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					