

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000068102

1. Entity Name

BRUCE GIBBONS CUSTOM PAINTING, INC.



Principal Place of Business

8275-1 103RD. ST.
JACKSONVILLE, FL 32210

Mailing Address

8275-1 103RD. ST.
JACKSONVILLE, FL 32210



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2672765

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, RANDY
8275-1 103RD ST.
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BAKER, RANDY
STREET ADDRESS 8275-1 103RD ST.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D
NAME GIBBONS, BRUCE
STREET ADDRESS 6926 HUNTINGTON WOODS CIR W
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE D
NAME CARLSON, WILLIAM
STREET ADDRESS 1833 LAKESHORE DR
CITY-ST-ZIP ORANGE PK, FL 32003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000196827
01/26/05-80083-016 150.00

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Baker, Director

Date

Daytime Phone #