

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 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**



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2672765

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

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

**100000546869
05/12/06-90002-008 150.00**

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Randy Baker* **RANDY BAKER, DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 904-838-0527

Date

Daytime Phone #