
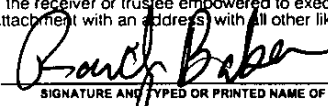


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90047 029 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 8249 103rd Street		3. Mailing Address 8249 103rd Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 58-2672765	
Zip 32210 Country		Zip 32210 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, RANDY 8275-1 103RD ST. JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8249 103rd Street City Jacksonville FL Zip Code 32210		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, RANDY 8275-1 103RD ST. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8249 103rd Street Jacksonville, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, BRUCE 6926 HUNTINGTON WOODS CIR W JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, WILLIAM 1833 LAKESHORE DR ORANGE PK, FL 32003 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, DIRECTOR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-4-07 Daytime Phone # 904-573-9664		

ATTACHMENT
40023346

#P03000068102
JAMES AND HARRIS

JOHN R. PRIDGEN, C.P.A.
CHARLES E. BONE, C.P.A.
CHARLES F. WINNEY, C.P.A.
RETIRED
CHARLES N. WOLFE, C.P.A.

CERTIFIED PUBLIC ACCOUNTANTS
857 SOUTH EDGEWOOD AVENUE
JACKSONVILLE, FLORIDA 32205
(904) 389-2725 FAX (904) 389-3474

MEMBERS OF:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

Bruce Gibbons Custom Painting, Inc.
ATTN: Mr. Randy Baker
8249 103rd Street
Jacksonville, FL 32210

Date January 31, 2007

Enclosed are forms which should be signed, dated and mailed before the date shown below. Remittance should accompany the returns only where indicated.

Form Number	Mail To:	Date	Remit
Uniform Business Report (UBR)	Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, FL 32302-1500	05-01-07	\$ 150.00

(MAKE CHECKS PAYABLE TO: FLORIDA DEPARTMENT OF STATE)

Special instructions, only the items marked X apply to you.

Joint return, must be signed by both husband and wife.

Affix corporate seal.

Credit for overpayment, in the amount of \$_____, has been applied against estimated tax for current year.

Refund has been requested for overpayment in the amount of \$_____.

X Copy is enclosed for your files.

Other: _____

By Charles