


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000123173	
1. Entity Name L.A. GIBBINS, INC.	

Principal Place of Business 957 D GRAYLING COURT PORT ORANGE, FL 32127	Mailing Address 957 D GRAYLING COURT PORT ORANGE, FL 32127
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1610607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GIBBINS, LYNN A
957 D GRAYLING COURT
PORT ORANGE, FL 32127

**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: *Lynn A Gibbins* *President/Manager* DATE: *3-10-05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBINS, LYNN A 957 D GRAYLING COURT PORT ORANGE, FL 32127
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04/19/05-80030-009 158.75

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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)(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: *Lynn A Gibbins* *PRESIDENT/MANAGER* DATE: *3-10-05* DAYTIME PHONE #: *407-246-7155*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN A GIBBINS