2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 01, 2006 08:00 AM Secretary of State DOCUMENT # P03000123182 GIBBS ELECTRIC, INC. ... Principal Place of Business Mailing Address 321 LINDA CIRCLE SOUTH DAYTONA FL 32119 321 LINDA CIRCLE SOUTH DAYTONA FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 20-0402909 Not Applicat Country Zìo Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIBBS, JAMES Street Address (P.O. Box Number is Not Acceptable) 321 LINDA CIRCLE SOUTH DAYTONA FL 32119 Zin Code City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature requised when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TALE ☐ Beiete THELE Change DAG NAME GIBBS, JAMES NAME STREET ACCRESS 321 LINDA CIRCLE STREET ADDRESS 1000000451404 CITY-ST-ZIP SOUTH DAYTONA FL 32119 CITY-ST-ZIP 03/11/06-80053-002 TITLE TITLE ☐ Change Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change \square h^{i_0} NAME NAME STREET ADDRESS STREET AODRESS G11Y-S7-ZIP City-St-ZiP TITLE ☐ Detete TITLE ☐ Change □ # ** MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITCE ☐ Delete TITLE ☐ Change [] A. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP THTLE HTLE ☐ Channe 田池 ☐ Delete NAME NAME STREET ACURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an attachingent with an address, with all other like empowered.

SIGNATURE:

2-27-06 186-756-7620

FILED