


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90225 001 ***100.00
05-04-2005 90225 002 ****50.00

DOCUMENT # P03000147456	
1. Entity Name GIBB'S CARPET INSTALLATION, INC.	

Principal Place of Business 765 HENDRIX AVE. ORLANDO FL 32825	Mailing Address 765 HENDRIX AVE. ORLANDO FL 32825
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2. Principal Place of Business 25251 Antler ST. Suite, Apt. #, etc.	3. Mailing Address 25251 Antler ST. Suite, Apt. #, etc.
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City & State CHRISTMAS Florida	City & State CHRISTMAS Florida
Zip 32709	Country ORANGE

4. FEI Number 11-3670020	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIBBS, PAMELA 765 HENDRIX AVE. ORLANDO FL 32825	
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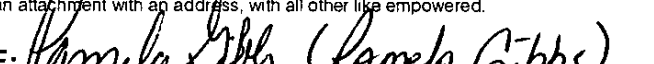
7. Name and Address of New Registered Agent	
Name Pamela Gibbs	
Street Address (P.O. Box Number is Not Acceptable) 25251 Antler ST.	
City CHRISTMAS Florida	Zip Code 32709

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 	DATE 4-29-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 D	<input type="checkbox"/> Delete
NAME GIBBS, PAMELA	
STREET ADDRESS 765 HENDRIX AVE.	
CITY-ST-ZIP ORLANDO FL 32825	
TITLE D	<input type="checkbox"/> Delete
NAME GIBBS, GLENN	
STREET ADDRESS 765 HENDRIX AVE.	
CITY-ST-ZIP ORLANDO FL 32825	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE 4-29-05