


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90277 016 \*\*\*150.00

|   |                                 |   |  |
|---|---------------------------------|---|--|
| <b>DOCUMENT # P04000031810</b><br>1. Entity Name<br><b>CHARLES GIBSON, INC.</b>   |                                 |    |  |
| Principal Place of Business<br><b>902 SE 23RD ST<br/>CAPE CORAL, FL 33990</b>   |                                 | Mailing Address<br><b>5014 SW 8TH CT<br/>CAPE CORAL, FL 33901</b>   |  |
| 2. Principal Place of Business<br><b>1017 SW 34 Terr</b><br>Suite, Apt. #, etc.   |                                 | 3. Mailing Address<br><b>1017 SW 34 Terr</b><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>CAPE CORAL FLA.</b><br>Zip<br><b>33914</b>   |                                 | City & State<br><b>CAPE CORAL FLA</b><br>Zip<br><b>33914</b>  |  |
| Country<br><b>Lee</b>   |                                 | Country<br><b>Lee</b>   |  |
| 4. FFI Number<br><b>56-2436059</b>  |                                 | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                 | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b>   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>   |                                 |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |
| TITLE<br><b>PD</b><br>NAME<br><b>GIBSON, CHARLES D</b><br>STREET ADDRESS<br><b>902 SE 23RD ST</b><br>CITY-ST-ZIP<br><b>CAPE CORAL, FL 33990</b>   | <input type="checkbox"/> Delete | TITLE<br><b>PD</b><br>NAME<br><b>Charles Gibson</b><br>STREET ADDRESS<br><b>1017 SW 34 Terr</b><br>CITY-ST-ZIP<br><b>CAPE CORAL FLA 33914</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>V</b><br>NAME<br><b>JOHNSON, EDWARD</b><br>STREET ADDRESS<br><b>902 SE 23RD ST</b><br>CITY-ST-ZIP<br><b>CAPE CORAL, FL 33990</b>  | <input type="checkbox"/> Delete | TITLE<br><b>V</b><br>NAME<br><b>EDWARD JOHNSON</b><br>STREET ADDRESS<br><b>1017 SW 34 Terr</b><br>CITY-ST-ZIP<br><b>CAPE CORAL, FLA 33914</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Delete | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP<br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |                                 |   |  |
| <b>SIGNATURE:</b> _____   |                                 | 4/25/05 239 910 7835<br><small>Date Daytime Phone #</small>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 |   |  |