


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90009 043 ***150.00

DOCUMENT # P04000048231 1. Entity Name G & S SECURITY AGENCY, INC.	
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Principal Place of Business 390 LAURIE STREET MELBOURNE, FL 32935	Mailing Address 390 LAURIE STREET MELBOURNE, FL 32935
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01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1697662	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GIBBENS, HARLEY W D 390 LAURIE STREET MELBOURNE, FL 32935

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 GIBBENS, WILLIAM A SR 23 DALE AVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBENS, KATHRYN S 23 DALE AVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBENS, HARLEY 210 CHARLES CT SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Harley W Gibbens Harley W Gibbens Feb 6 2006 721 242 1014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #