## FILED Jul 15, 2005 8:00 am Secretary of State

07-15-2005 90020 043 \*\*\*150.00

## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

DOCUMENT # P04000122952 GIBSON MASONRY, INC. 20064108 Principal Place of Business Mailing Address 2172 HALE COURT 2172 HALE COURT FORT MYERS, FL 33916 FORT MYERS, FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112005 CR2E034 (10/03) City & State City & State 4. FEI Number 56-24 Applied For Not Applicable Zip Country \$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 GIBSON, VERNON Street Address (P.O. Box Number is Not Acceptable) 2172 HALE COURT FORT MYERS, FL 33916 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607,193(2)(b), F.S., the Trust Fund Contribution. dded to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE Change Addition TITLE GIBSON, VERNON NAME NAME STREET ADDRESS 2172 HALE COURT STREET ADDRESS FORT MYERS, FL 33916 CITY - ST - ZIP CITY-ST-7IP Delete I/ILE Change ☐ Addition TUTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TrIt F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [] Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP \_\_\_ Delete TITLE TITLE ☐ Change ... ☐ Addition NAME NAME STREET ADDRESS 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 are required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attractional true that an address, with all other like empowered. CYNON GIBSON.7-13-05