2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000153646

GIBBS SUPPLY, INC.



Principal Place of Business

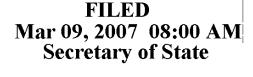
11630 COLUMBIA PARK DR. E

UNIT #4 JACKSONVILLE, FL 32258 Mailing Address

11630 COLUMBIA PARK DR. E

UNIT #4

JACKSONVILLE, FL 32258





DO NOT WRITE IN THIS SPACE

03052007 No Chq-P CR2E034 (11/05)

4. FEI Number 20-3811582

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

GIBBS, ERIC J 11630 COLUMBIA PARK DR EAST SUITE 4 JACKSONVILLE, FL 32258

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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.	
CONTRIBE	

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

33/20/07-80044-016 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Trust Fund Contribution.
10.	OFFICERS AND DIREC	CTORS
TITLE	Р	
NAME	GIBBS, ERIC J	
STREET ADDRESS	10323 SEQUOYA DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	VP	
NAME	MARTIN, CHRISTOPHER R	İ
STREET ADDRESS	3851 ABBY LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	S	
NAME	MOORE, MICHAEL	1
STREET ADDRESS	10275 ST. AUGUSTINE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	Т	
NAME	GIBBS, ATHENA M	
STREET ADDRESS	10323 SEQUOYA DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TIYLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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

SIGNATURE: