2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/5

FILED
Jun 23, 2006 8:00 am
Secretary of State
05-09-2006 90073 026 ***150.00

DOCUMENT #P05000162024

1. Entity Name
THE GIBLIN GROUP, INC.

Principal Place of Business
~~1240 JEFFERYSCOT DR.~~
~~CRESTVIEW FL 32536~~
2670 Shoni Dr.
Navarre, FL. 32566

Mailing Address
~~1240 JEFFERYSCOT DR.~~
~~CRESTVIEW FL 32536~~
2670 Shoni Dr
Navarre, Fl 32566

2. Principal Place of Business: Same as above
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address: Same as above
Suite, Apt. #, etc.
City & State
Zip | Country

1st MOORE CR2E034 (10/05)

4. FEI Number: 20-3892049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIBLIN, MARK A
~~1240 JEFFERYSCOT DR.~~
~~CRESTVIEW FL 32536~~
2670 Shoni Dr.
Navarre FL. 32566

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 Linda J. Giblin 4/27/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	GIBLIN, MARK A	
STREET ADDRESS	1240 JEFFERYSCOT DR.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	VD	☐ Delete
NAME	GIBLIN, LINDA J	
STREET ADDRESS	1240 JEFFERYSCOT DR.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mark A. Giblin 4/27/06 850-936-7946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #