

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000090417

Entity Name: GIBSON KUSTOMS, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4885 N. HWY. 441  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1869  
INVERNESS, FL 34451

**New Mailing Address:**

FEI Number: 45-0558329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIBSON, BOBBY L  
4885 N. HWY. 441  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GIBSON, BOBBY L  
Address: 4885 N. HWY. 441  
City-St-Zip: OCALA, FL 34475

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOBBY GIBSON

PRES

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date