


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000141789 1. Entity Name GIBSON GREY CONSULTING INC	
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Principal Place of Business 2202 N WESTSHORE BLVD 200 TAMPA, FL 33607	Mailing Address 2202 N WESTSHORE BLVD 200 TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



07222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5875078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COINER MOYLE, KIMBERLY
2202 N WESTSHORE BLVD
200
TAMPA, FL 33607

**DO NOT WRITE
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 07/25/08-80003-030 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D COINER MOYLE, KIMBERLY 2202 N WESTSHORE BLVD #200 TAMPA, FL 33607
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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:  7/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #