## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P18348** 

1. Entity Name
GIBBS CONSTRUCTION COMPANY



FILED Feb 07, 2007 08:00 A Secretary of State

Principal Place of Business

5736 CITRUS BOULEVARD P.O. BOX 23730 NEW ORLEANS, LA 70183-3730 Mailing Address

5736 CITRUS BOULEVARD P.O. BOX 23730 NEW ORLEANS, LA 70183-3730



| DO | NOT | <b>WRITE</b> | IN THIS | SPACE |
|----|-----|--------------|---------|-------|
|----|-----|--------------|---------|-------|

4. FEI Number Applied For 72-0797877 Not Applied bie

5. Certificate of Status Desired

01042007

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CLARK, DONALD D ESQ 1819 MAIN STREET., STE 500 SARASOTA CITY CENTER SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

No Chg-P

| the obligations of registered agent.  |   |  |  |     |   |        |       |    |  |
|---|---|--|--|-----|---|--------|-------|----|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating)  DATE |   |  |  |     |   |        |       |    |  |
|   |   | 9. Election Campaign<br>Trust Fund Contrib |  |     | 000000626523<br>02/15/07-80023-021 1 <b>5</b> 0.0 |        |       |    |  |
| 10. TITLE NAME STREET ADDRESS   | OFFICERS AND DIRECT PS GIBBS, LAWRENCE C. 5736 CITRUS BLVD. | TORS                                       |  | Ρ,  |   | , ,    |       | :  |  |
| CITY-ST-ZIP   | HARAHAN, LA   |  |  |     |   | ,      |       |    |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |     |   |        |       |    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ,   |  |  | ۳.  | DO  | NOT V  | VRITE |    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  | •   | IN <sup>*</sup>                                   | THIS S | PACE  |    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  |     |   |        |       |    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | /  |  | • • |   |        | τ,    | ** |  |

2. 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 economic formation of the corporation or the economic formation are required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 lift changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01

(504) 733-4336