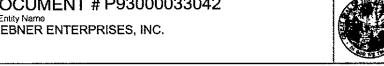
2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P93000033042 1. Entity Name GIEBNER ENTERPRISES, INC.

FILED Apr 29, 2004 08:00 AM Secretary of State



Principal Place of Business

6405 49TH STREET N. PINELLAS PARK, FL 33781-5724

PINELLAS PARK, FL 33781

Mailing Address

6405 49TH STREET N. PINELLAS PARK, FL 33781-5724



DO NOT WRITE IN THIS SPACE

01292004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-3179812 Not Applicable

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

GIEBNER, THOMAS P 6405 49TH ST. N.

6. Name and Address of Current Registered Agent

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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIREC	TORS			UUU000140691
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD GIEBNER, BETTY J 2840 SKIMMER POINT DR. S. GULFPORT, FL 33707				04/29/04-80173-006 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GIEBNER, THOMAS P 2840 SKIMMER POINT DR. S. GULFPORT, FL 33707				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			·		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					

Betty J. Giebner