


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000042363 1. Entity Name GIBBS FURNITURE II, INC.	
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Principal Place of Business 2665 DAVIS BLVD NAPLES, FL 34104	Mailing Address 1039 TAMiami TRAIL PORT CHARLOTTE, FL 33953
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0507271	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 GIBBS, ROBERT L 1039 TAMiami TRAIL PORT CHARLOTTE, FL 33953	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, ROBERT L 22120 LANCASTER AVE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, PATRICIA A 1901 CLIFFORD SR UNIT 11012 CAPE CORAL, FL 33990
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	_____ <small>Date</small>	_____ <small>Daytime Phone #</small>
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