

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000030554**

1. Entity Name

JAMES W. GIBNEY, D.M.D., P.A.



Principal Place of Business

1433 PARKER AVE.  
SPRING HILL, FL 34606

Mailing Address

1433 PARKER AVE.  
SPRING HILL, FL 34606



02172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
59-3308029	Not Applicable

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

6. Name and Address of Current Registered Agent

GIBNEY, JAMES W  
1433 PARKER AVE.  
SPRING HILL, FL 34606

**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 if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	GIBNEY, JAMES W
STREET ADDRESS	1433 PARKER AVENUE
CITY - ST - ZIP	SPRING HILL, FL 34606

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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1000000456510  
03/16/06-80032-011 150.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. GIBNEY

Date

Daytime Phone #

3-1-06