

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088913

Entity Name: GIBSON FLATWORK, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

8104 RIDGE ROAD
BROOKSVILLE, FL 34613

New Principal Place of Business:

12118 SEABIRD AVE
BROOKSVILLE, FL 34613

Current Mailing Address:

8104 RIDGE ROAD
BROOKSVILLE, FL 34613

New Mailing Address:

12118 SEABIRD AVE
BROOKSVILLE, FL 34613

FEI Number: 59-3242246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, CAREY
8104 RIDGE ROAD
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

GIBSON, CAREY
12118 SEABIRD AVE
BROOKSVILLE, FL 34613 US

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.

SIGNATURE: CAREY GIBSON

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIBSON, CAREY
Address: 8104 RIDGE ROAD
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GIBSON, CAREY
Address: 12118 SEABIRD AVE
City-St-Zip: BROOKSVILLE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAREY GIBSON

OWNE

04/29/2005

Electronic Signature of Signing Officer or Director

Date