2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00823

FILED Apr 09, 2009 Secretary of State

Entity Name: GIBSON, BROWN & GUFFEY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
25 E. MA P. O. BOX BARTOW,		59		
Current Mailing Address:		ss:	New Mailing Address:	
25 E. MA P. O. BOX BARTOW,		59		
El Number	: 59-3035733	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
25 EAST	DREW B. MAIN STREE FL 33830	T US		
BARTOW,	00000			
he above		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
he above	named entity of Florida.	submits this statement for the բ	ourpose of changing its registere	ed office or registered agent, or both
he above the State	named entity e of Florida. RE:	submits this statement for the particles of Registered Agr		ed office or registered agent, or both Date
The above of the State	named entity e of Florida. RE: Electro			
The above the State SIGNATUI	named entity e of Florida. RE: Electro	nic Signature of Registered Agong Trust Fund Contribution ().	ent	
The above the State SIGNATUI	named entity e of Florida. RE:Electro mpaign Financir S AND DIREC	nic Signature of Registered Agong Trust Fund Contribution (). CTORS:	ent	Date
The above the State of the Stat	e named entity e of Florida. RE: Electro mpaign Financir S AND DIREC DP (GIBSON, C. A. 125 E. MAIN S BARTOW, FL	nic Signature of Registered Agr ig Trust Fund Contribution (). CTORS:) Delete T.) Delete	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SC BROWN VP 04/09/2009