

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20451

**FILED**  
**Mar 31, 2005**  
**Secretary of State**

**Entity Name:** GIBSON MCDONALD FURNITURE COMPANY OF MACCLENNY, INC.

**Current Principal Place of Business:**

P.O. BOX 1848  
WAYCROSS, GA 315021848

**New Principal Place of Business:**

1468 SOUTH SIXTH STREET  
MACCLENNY, FL 32063

**Current Mailing Address:**

P.O. BOX 1848  
WAYCROSS, GA 315021848

**New Mailing Address:**

**FEI Number:** 59-3108002      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARBER, JOEL  
1468 SOUTH SIXTH STREET  
MACCLENNY, FL 32063 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GIBSON, E. REES,  
Address: 1468 S. 6TH ST.  
City-St-Zip: MACCLENNY, FL

Title: D ( ) Delete  
Name: GIBSON, HENRY CLAYTO, N  
Address: 1468 S. 6TH ST.  
City-St-Zip: MACCLENNY, FL

Title: D ( ) Delete  
Name: GIBSON, MARK T.,  
Address: 1468 S. 6TH ST.  
City-St-Zip: MACCLENNY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRYAN COWART

SEC

03/31/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date