

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45064

Entity Name: L.D. GIBSON, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

1616 20TH STREET SW
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

1616 20TH STREET SW
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 65-0346718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, LAURENCE D.
1616 20TH ST., SW
VERO BEACH, FL 32962 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: DPS () Delete
Name: GIBSON, LAURENCE D.,
Address: 1616 20 TH ST., SW
City-St-Zip: VERO BEACH, FL

Title: T () Delete
Name: GIBSON, LAURENCE D.,
Address: 1616 20 TH ST., SW
City-St-Zip: VERO BEACH, FL

Title: DV () Delete
Name: GIBSON, JUDY K.,
Address: 1616 20 TH ST., SW
City-St-Zip: VERO BEACH, FL

Title: V () Delete
Name: GIBSON, BETTY L.,
Address: 1615 20 TH ST., SW
City-St-Zip: VERO BEACH, FL

Title: DVP () Delete
Name: KEHLEY, BRIAN
Address: 1946 16 AVE SW
City-St-Zip: VERO BEACH, FL 32962

Title: V () Delete
Name: GLAS, JOHN
Address: 2026 19TH AVE SW
City-St-Zip: VERO BEACH, FL 32962

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:

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: LAURENCE D. GIBSON

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date