

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # V62428**  
 1. Entity Name  
**GIBSON DRY DOCKS, INC.**



Principal Place of Business <b>SAN MATEO, FL          HI 17          SAN MATEO, FL 32187 US</b>	Mailing Address <b>114 CEDAR ST          SAN MATEO, FL 32187</b>
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**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3154015</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KIGHT, THOMAS J  
 106 CEDAR STREET  
 SAN MATEO, FL 32187**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBSON, ROBIN 954 CAMPBELL AVENUE 3 LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIGHT, THOMAS J P.O. BOX 755(106 CEDAR STREET) SAN MATEO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSELEY, SUSAN 450 WILLOW LAKE RD BUCKINGHAM, VA 23921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSELEY, KATHERINE L 114 CEDAR ST SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/08/08-80003-011 150.00

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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:** \_\_\_\_\_ **3-19-08** **386-325-5502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #