

**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

**SAN MATEO, FL  
HI 17  
SAN MATEO, FL 32187 US**

Mailing Address

**114 CEDAR ST  
SAN MATEO, FL 32187**



03182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3154015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** 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

Signature, typed or printed name of registered agent and title if applicable

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

000000865804  
04/08/08-80003-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

Date

386-325-5502

Daytime Phone #