2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V62428

City-St-Zip:

SAN MATEO, FL 32187

Entity Name: GIBSON DRY DOCKS INC.

FILED Mar 25, 2009 Secretary of State

Littly Nai	ille. Gibson	DRT DOCKS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
SAN MATE	EO, FL				
HI 17	EO, FL 32187	US			
	lailing Addre		New Mailing Address:		
Current W	iaiiiig Addie	55.	New Maining Address.		
114 CEDA SAN MATE	R ST EO, FL 32187				
FEI Number:	: 59-3154015	FEI Number Applied For ()	FEI Number Not Applicable () Certificate o	f Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	HOMAS J IR STREET EO, FL 32187	US			
	named entity e of Florida.	submits this statement for the	ourpose of changing its registered office or regis	stered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent Dat	e	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (GIBSON, ROB 954 CAMPBEL LAKE WALES	L AVENUE 3	Title: P (X) Change () A Name: GIBSON, ROBIN Address: 954 CAMPBELL AVENUE City-St-Zip: LAKE WALES, FL 33853	ddition	
Title: Name: Address: City-St-Zip:	KIGHT, THOM	(106 CEDAR STREET)	Title: () Change () A Name: Address: City-St-Zip:	ddition	
Title: Name: Address: City-St-Zip:	T (MOSELEY, SU 450 WILLOW BUCKINGHAM	LAKE RD	Title: () Change () A Name: Address: City-St-Zip:	ddition	
Title: Name: Address:	S (MOSELEY, KA 114 CEDAR S		Title: () Change () A Name: Address:	ddition	

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.

City-St-Zip:

SIGNATURE: THOMAS J. KIGHT VΡ 03/25/2009