I hereby 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 all other like empowered.

SECRETARY

#### SIGNATURE: SUSAN K.GIBB

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P07000116993

Entity Name: GABE'S GARB INCORPORATED

# **Current Principal Place of Business:**

3290 SW 20TH STREET BELL, FL 32619

### **Current Mailing Address:**

3290 SW 20TH STREET BELL. FL 32619

# FEI Number: 03-0611330

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

GIBB, GREGORY L 3290 SW 20TH STREET BELL, FL 32619 US

Date

Certificate of Status Desired: No

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:

Title Name

Title

Name

Address

Address

City-State-Zip:

City-State-Zip: BELL FL 32619

**Officer/Director Detail :** Ρ T:41 -**١**/

P	litie	V
GIBB, GREGORY L	Name	GIBB, GABRIEL D
3290 SW 20TH STREET	Address	3290 SW 20TH STREET
BELL FL 32619	City-State-Zip:	BELL FL 32619
TS		
GIBB, SUSAN K		
3290 SW 20TH STREET		

03/12/2013 Date