

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90081 030 ***150.00

DOCUMENT # 234151	
1. Entity Name D&L GOEBEL, INC.	

Principal Place of Business 3640 NE 4TH AVENUE FT LAUDERDALE, FL 33334	Mailing Address 3640 NE 4TH AVENUE FT LAUDERDALE, FL 33334
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2. Principal Place of Business 236 County Rd. 260	3. Mailing Address 236 County Rd. 260
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIOTA, TN	City & State MIOTA, TN
Zip 37826	Country USA

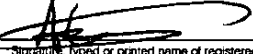


01172006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent GOEBEL, DAVID E PD 3640 N.E. 4TH AVE. FT. LAUDERDALE, FL 33334	
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4. FEI Number 59-0900013	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name ARTHUR W. LAMBERTUS Street Address (P.O. Box Number is Not Acceptable) 2929 E. COMMERCIAL BLVD. SUITE #604 City FT. LAUDERDALE FL Zip Code 33308	
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 	DATE 1-26-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOEBEL, DAVID E PD 3640 NE 4TH AVE FT LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOEBEL, LINDA J STD 3640 NE 4TH AVE FT LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, PAUL W 3640 NE 4 AVE FORT LAUDERDALE, FL 33334 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	Date 2/2/05 Daytime Phone # 954-651-4059