


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 635824 1. Entity Name GOBER ENTERPRISES, INC.	
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Principal Place of Business 7501 PHILLIPS HWY JACKSONVILLE, FL 32256	Mailing Address 7501 PHILLIPS HWY JACKSONVILLE, FL 32256
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**DO NOT WRITE IN THIS SPACE**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1930081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOBER, ROGER  
 2220 BEACHCOMBER TRAIL  
 ATLANTIC BEACH, FL 32233

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

1000000058310  
 02/20/04-80024-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOBER, ROGER 2220 BEACHCOMER TRAIL ATLANTIC BEACH, FL 33233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NEWCOMBE, KEITH 304 ISLAND GREEN DRIVE SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALKER, ROBERT 8844 ST. LUCIA COURT JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HENDERSON, SUSAN T 3955 ATURIBA DRIVE ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 2/16/04 Daytime Phone #: 904-296-1356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR