


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 635824
 1. Entity Name
 GOBER ENTERPRISES, INC.



Principal Place of Business
 7501 PHILLIPS HWY
 JACKSONVILLE, FL 32256

Mailing Address
 7501 PHILLIPS HWY
 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-1930081

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 GOBER, ROGER
 2220 BEACHCOMBER TRAIL
 ATLANTIC BEACH, FL 32233

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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, 2005 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	GOBER, ROGER
STREET ADDRESS	2220 BEACHCOMER TRAIL
CITY - ST - ZIP	ATLANTIC BEACH, FL 33233
TITLE	V
NAME	NEWCOMBE, KEITH
STREET ADDRESS	304 ISLAND GREEN DRIVE
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32092
TITLE	T
NAME	WALKER, ROBERT
STREET ADDRESS	8844 ST. LUCIA COURT
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	S
NAME	HENDERSON, SUSAN T
STREET ADDRESS	3955 ATURIBA DRIVE
CITY - ST - ZIP	ATLANTIC BEACH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Susan D. Henderson Feb. 14, 2005 904-286-1356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SUSAN D. HENDERSON