

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 635824

FILED
Jan 05, 2006
Secretary of State

Entity Name: GOBER ENTERPRISES, INC.

Current Principal Place of Business:

7501 PHILLIPS HWY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7501 PHILLIPS HWY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-1930081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBER, ROGER
2220 BEACHCOMBER TRAIL
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

GOBER, ROGER
122 OCEAN WALK DR SOUTH
ATLANTIC BEACH, FL 32233 US

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: ROGER GOBER

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOBER, ROGER,
Address: 2220 BEACHCOMER TRAIL
City-St-Zip: ATLANTIC BEACH, FL 33233

Title: V () Delete
Name: NEWCOMBE, KEITH
Address: 304 ISLAND GREEN DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T () Delete
Name: WALKER, ROBERT
Address: 8844 ST. LUCIA COURT
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: HENDERSON, SUSAN T
Address: 3955 ATURIBA DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOBER, ROGER,
Address: 122 OCEAN WALK DR SOUTH
City-St-Zip: ATLANTIC BEACH, FL 33233

Title: V (X) Change () Addition
Name: NEWCOMBE, KEITH
Address: 348 SOPHIA TERRACE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HENDERSON, SUSAN T
Address: 395 SATURIBA DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: SUSAN T HENDERSON

S

01/05/2006

Electronic Signature of Signing Officer or Director

Date