

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 635824

**FILED**  
**Jan 21, 2009**  
**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  
122 OCEAN WALK DR SOUTH  
ATLANTIC BEACH, FL 32233      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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: 395 SATURIBA DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date