

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G87368**

1. Entity Name  
**GORE ENTERPRISES, INC.**



Principal Place of Business  
**% ROBERT J. GORE, JR.  
2717 NORTH PATRICK CIRCLE  
WEST PALM BEACH, FL 33406**

Mailing Address  
**% ROBERT J. GORE, JR.  
2717 NORTH PATRICK CIRCLE  
WEST PALM BEACH, FL 33406**



05302006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2371859**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GORE, SANDRA  
2717 NORTH PATRICK CIRCLE  
WEST PALM BEACH, FL 33406**

**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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000566673

06/05/06-80002-008 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	VS
NAME	GORE, ROBERT J., JR.
STREET ADDRESS	2717 N. PATRICK CIRCLE
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	DP
NAME	GORE, SANDRA
STREET ADDRESS	2717 N PATRICK CIR.
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/06

Date

Daytime Phone #

561-2762255