

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # H89615

1. Entity Name
GOLBY MOTOR CORPORATION



Principal Place of Business
**5387 L.B. MCLEOD RD
ORLANDO, FL 32811 US**

Mailing Address
**5387 L.B. MCLEOD RD
ORLANDO, FL 32811 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2619176

Applied For
Not Application

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

6. Name and Address of Current Registered Agent

**GOLBY, DORIS S.
1401 14TH. STREET
CLERMONT, FL 34711-2880**

**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

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DPT
GOBY, CLIFFORD R
5387 L B MCLEOD RD
ORLANDO, FL 32811**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
GOBY, DORIS
1401 14TH STREET
CLERMONT, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP
GOLBY, MARIANNE R
5387 L B MCLEOD RD
ORLANDO, FL 32811**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1100000504347
04/26/06-80069-008 150.00

**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: *Marianne R. Golby* **MARIANNE R. GOLBY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06

Date

407-859-7000

Daytime Phone #