

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90045 006 \*\*\*150.00

**DOCUMENT # J44786**

1. Entity Name

**R. H. GOBLE ENTERPRISES, INC.**



Principal Place of Business

% WILLIAM M. HOBBY III  
157 E NEW ENGLAND AVE SUITE 375  
WINTER PARK FL 32789

Mailing Address

% WILLIAM M. HOBBY III  
157 E NEW ENGLAND AVE SUITE 375  
WINTER PARK FL 32789



2. Principal Place of Business

145 W CRYSTAL LAKE AVE  
Suite, Apt. #, etc.

3. Mailing Address

145 W CRYSTAL LAKE AVE  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

LAKE MARY, FL  
Zip 32746-2913 Country U.S.A.

City & State

LAKE MARY, FL  
Zip 32746-2913 Country U.S.A.

4. FEI Number

59-2776325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOBBY, WILLIAM M. III  
1327 NORTH MILLS AVENUE  
ORLANDO FL 32803-2555

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME GOBLE, ROWLAND H.  
STREET ADDRESS 145 WEST CRYSTAL LK AVE.  
CITY-ST-ZIP LAKE MARY FL

TITLE V ☐ Delete  
NAME GOBLE, STUART RODNEY  
STREET ADDRESS 602 PEARL STREET  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: R.H. Goble R.H. Goble

1-27-06 407-322-0514