

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90017 008 \*\*\*150.00

**DOCUMENT # J44786**

1. Entity Name

R. H. GOBLE ENTERPRISES, INC.



Principal Place of Business

% WILLIAM M. HOBBY III  
145 W CRYSTAL LAKE AVE  
LAKE MARY FL 32746-2913

Mailing Address

% WILLIAM M. HOBBY III  
145 W CRYSTAL LAKE AVE  
LAKE MARY FL 32746-2913



2. Principal Place of Business - No P.O. Box #

602 Pearl Rd

Suite, Apt. #, etc.

3. Mailing Address

602 Pearl Rd

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Winter Spgs Florida

Zip  
32708

Country

Seminole

City & State

Winter Spgs FL

Zip  
32708

Country

Seminole

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, 2007 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Stuart Rodney Goble*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART RODNEY GOBLE

4/19/07

Date

407-327-1057

Daytime Phone #