


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000008510</b> 1. Entity Name BARBARA M. MOBLEY ENTERPRISES, INC.	
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Principal Place of Business  
735 S. MCDUFF AVE.  
JACKSONVILLE, FL 32205

Mailing Address  
821 ALLISON STREET  
JACKSONVILLE, FL 32254



07212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0040620	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

BUTLER, LAWANDA K  
1321 MILNOR STREET  
JACKSONVILLE, FL 32206

**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  
Due by September 8, 2004**

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	P
NAME	MOBLEY, BARBARA M
STREET ADDRESS	821 ALLISON STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	V
NAME	MOBLEY, LITEL
STREET ADDRESS	821 ALLISON STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	S
NAME	JACKSON, SARAH E
STREET ADDRESS	821 ALLISON STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	T
NAME	BUTLER, LAWANDA K
STREET ADDRESS	1321 MILNOR STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000171599  
09/08/04-80001-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara M. Mobley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/04/2004  
Date

1309589-2111  
Daytime Phone #