

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000008510

1. Entity Name
BARBARA M. MOBLEY ENTERPRISES, INC.



Principal Place of Business
735 S. MCDUFF AVE.
JACKSONVILLE, FL 32205

Mailing Address
821 ALLISON STREET
JACKSONVILLE, FL 32254



DO NOT WRITE IN THIS SPACE

05042005 No Chg-P CR2E034 (10/03)

4. FEI Number
26-0040620

Applied For
Not Applicable

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 7, 2005

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	JACKSON, SARAH E
STREET ADDRESS	10966 DARLINGTON OAK COURT
CITY-ST-ZIP	JACKSONVILLE, FL
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	

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05/19/05-80003-002 158.75

**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

5/13/05 904 7666895
Date Daytime Phone #