


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

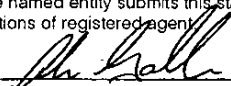
FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90389 021 ***150.00

DOCUMENT # P02000043848			
1. Entity Name HUMBLE INVESTMENTS INC.			
Principal Place of Business 2144 WEST MILLER ST. FRUITLAND PARK FL 34731		Mailing Address P.O. BOX 92 FRUITLAND PARK FL 34731	
2. Principal Place of Business 4216 WILLIAMS ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FRUITLAND PARK, FL.		City & State	
Zip 34731	Country USA	Zip	Country

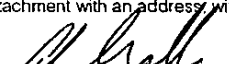


1st MOORE CR2E034 (10/04)

4. FEI Number 02-0587567		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAMBLE, ADAM 2144 WEST MILLER ST. FRUITLAND PARK FL 34731			
7. Name and Address of New Registered Agent Name GAMBLE, ADAM Street Address (P.O. Box Number is Not Acceptable) 4216 WILLIAMS ST. City FRUITLAND PARK FL Zip Code 34731			
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  ADAM GAMBLE		DATE 04-25-05	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GAMBLE, ADAM H 2144 WEST MILLER ST. FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GAMBLE, ADAM H. 4216 WILLIAMS ST. FRUITLAND PARK, FL. 34731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **ADAM GAMBLE** **04-25-05 352-751-7050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #