


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000043848</b>			
1. Entity Name <b>HUMBLE INVESTMENTS INC.</b>			
Principal Place of Business <b>4216 WILLIAMS STREET FRUITLAND PARK FL 34731</b>		Mailing Address <b>P.O. BOX 92 FRUITLAND PARK FL 34731</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number <b>02-0587567</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>GAMBLE, ADAM 4216 WILLIAMS STREET FRUITLAND PARK FL 34731</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City <b>FL</b> 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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GAMBLE, ADAM H 4216 WILLIAMS STREET FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U000000766285 06/14/07-80001-011 150.00
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*THIS FORM WAS MAILED  
WITH OTHER FORM  
ATTACHED AND IT WAS  
RETURNED DUE TO MY  
ERROR!  
SORRY!  
AS*

12. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or trustee empowered to execute this report. If changed, or on an attachment with an address, with any other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #