


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90019 007 \*\*\*150.00

<b>DOCUMENT # P06000016378</b>					
1. Entity Name FOBC, INC.					
Principal Place of Business 525 ATLANTIC BLVD., SUITE # 5 ATLANTIC BEACH, FL 32233			Mailing Address PO. BOX 51411 JACKSONVILLE BEACH, FL 32240		
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	
4. FEI Number 20-4315051				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONROE, TIMOTHY 525 ATLANTIC BLVD., SUITE # 5 ATLANTIC BEACH, FL 32233				7. Name and Address of New Registered Agent Name: <u>Monroe, Timothy</u> Street Address (P.O. Box Number is Not Acceptable): <u>2805 Beach Blvd, Suite 103</u> <u>Jacksonville Beach</u> FL <u>32250</u>	
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: <u>Timothy Monroe - PRESIDENT</u> DATE: <u>26 APRIL 2007</u> <small>Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when replacing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	P/D MONROE, TIMOTHY 525 ATLANTIC BLVD., SUITE # 5 ATLANTIC BEACH, FL 32233 <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	VP/T MONROE, TIMOTHY 525 ATLANTIC BLVD., SUITE # 5 ATLANTIC BEACH, FL 32233 <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 exemptions contained in Chapter 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: <u>Timothy Monroe - PRESIDENT</u> DATE: <u>4/30/07</u> 904-241-6008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					