

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000017436

1. Entity Name

GOBELMAN CONSTRUCTION CORPORATION



Principal Place of Business

**5050 SANIBEL DR
JACKSONVILLE FL 32210
US**

Mailing Address

**5050 SANIBEL DR
JACKSONVILLE FL 32210
US**



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 **59-3168281**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOBELMAN, DAVID L
5050 SANIBEL DR
JACKSONVILLE FL 32210**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

David L. Gobelman

David L. Gobelman

4/16/08

(Signature, typed or printed name of individual agent is not applicable)

(If OFF, Registered Agent signature required when form filed)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 **VD** ☐ Delete
NAME **GOBELMAN, MARY LOU**
STREET ADDRESS **5050 SANIBEL DRIVE**
CITY-STATE-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME **U000000912167**
STREET ADDRESS **05/07/08-80070-013**
CITY-STATE-ZIP **150.00**

TITLE **P** ☐ Delete
NAME **GOBELMAN, DAVID**
STREET ADDRESS **5050 SANIBEL DRIVE**
CITY-STATE-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary L. Gobelman*

Mary L. Gobelman

4/16/08 904-779-9332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone