


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P94000075233 |  |
| 1. Entity Name WIBLE AND WIBLE, INC. | |

| | |
|---|---|
| Principal Place of Business 2516 WATER OAK CIR NAVARRE, FL 32566 US | Mailing Address 2516 WATER OAK CIR NAVARRE, FL 32566 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3300460 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent

**WIBLE, JACK JR
 2516 WATER OAK CIRCLE
 NAVARRE, FL 32566**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST WIBLE, JACK JR 2516 WATER OAK CIRCLE NAVARRE, FL 32566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WIBLE, JACK SR. 2516 WATER OAK CIRCLE NAVARRE, FL 32566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000397027
 01/30/06-80033-003 158.75

DO NOT WRITE IN THIS SPACE

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:  **Jack Wible, Jr** **January 17, 2006** **850-939-1948**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #