


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90284 046 \*\*\*150.00

**DOCUMENT # P96000007030**  
 1. Entity Name  
**GOLDEN GABEL'S, INC.**



Principal Place of Business      Mailing Address  
**8911 SW 192ND COURT RD.**      **8911 SW 192ND COURT RD.**  
**DUNNELLON FL 34432**      **DUNNELLON FL 34432**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

**6. Name and Address of Current Registered Agent**  
**GABEL, WALLACE**  
**8911 SW 192ND COURT RD**  
**DUNNELLON FL 34432**

**7. Name and Address of New Registered Agent**  
 Name Gabel, Joyce  
 Street Address (P.O. Box Number is Not Acceptable) 8911 Sw 192nd Court Road  
Dunnellon  
 City      FL      Zip Code 34432

4. FEI Number **59-3380376**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 Joyce E Gabel      Joyce E Gabel      April 25, 2006  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GABEL, WALLACE	
STREET ADDRESS	8911 SW 192ND COURT RD	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	V	<input type="checkbox"/> Delete
NAME	GABEL, JOYCE	
STREET ADDRESS	8911 SW 192ND COURT RD	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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: Joyce E Gabel      Joyce E Gabel      4-25-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #