


FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90072 043 ***150.00

| | |
|---|---|
| DOCUMENT # P 9700010 23 22 |  |
| 1. Entity Name Goble Trucking Inc | |

DO NOT WRITE IN THIS SPACE

40088058

| | | | |
|---|---------|---|----------------------|
| 2. Principal Place of Business - No P.O. Box # 400 BACOFF RD. | | 3. Mailing Address PO BOX 24537 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Jacksonville FL | | City & State LAKE LAKE FL | |
| Zip 32002 | Country | Zip 32002 | Country US |

CR2E034B (5/07)


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|------------------------------------|--|
| 4. FEI Number 59-8510222 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|-----------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name PAUL D.W. GOTSIS | |
| Street Address (P.O. Box Number is Not Acceptable) PO BOX 24537 | |
| City LAKE LAKE | FL Zip Code 32002 |

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.

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|--|--|------|
| SIGNATURE  | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|------|

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| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

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|-------------------------------|------------------------|--------------------------------------|
| SIGNATURE: D.W. GOTSIS | Date: 4/25/2008 | Daytime Phone #: 863-701-5579 |
|-------------------------------|------------------------|--------------------------------------|