## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## Jun 18, 2004 08:00 AM **DOCUMENT # S52980** Secretary of State 1. Entity Name GOMBERT, INC. Principal Place of Business Mailing Address 9395 PHILLIPS HWY. 9395 PHILLIPS HWY JACKSONVILLE, FL 32256-1311 US JACKSONVILLE, FL 32256 US 04222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3068223 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\square$ Fee Required 6. Name and Address of Current Registered Agent RAY, THOMAS P DO NOT WRITE C/O HOLBROOK, AKEL, COLD, STIEFEL, RAY 1 INDEPENDENT DRIVE, SUITE 2301 IN THIS SPACE JACKSONVILLE, FL 32202 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 U00000162719 <u>06/18/04-80003-006 550.00</u> OFFICERS AND DIRECTORS 10. TITLE GOMBERT, CHRISTIAN W. NAME STREET ADDRESS 10640 SCOTT MILL RD CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE GOMBERT, MARK C NAME 3538 LITA RD E STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 TITLE NAME GOMBERT, GREGORY D STREET ADDRESS 3937 BURNETT PARK RD DO NOT WRITE JACKSONVILLE, FL 32257 CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 wittp-an-didress, with all other like empowered.

FILED