

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# 701776

Entity Name: AL-PABLO INC

Current Principal Place of Business:

322 PENMAN ROAD
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

322 PENMAN ROAD
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-1693153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, ROBERT B
536 MCCOLLUM CIR
NEPTUNE BCH, FL 32266 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: CAMAR, MICHAEL
Address: 820 11TH AVE S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S () Delete
Name: CLARKE, ROBERT B.
Address: 536 MCCOLLUM CIR
City-St-Zip: NEPTUNE BEACH, FL

Title: VP () Delete
Name: WILKINS, STEWART
Address: 2457 WHITEHORSE RD W
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: BROWN, DON
Address: 2305 BEACH BLVD., STE 106
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T () Delete
Name: FULLER, ROBERT H,
Address: 590 OCEAN BLVD
City-St-Zip: ALTANTIC BCH, FL

Title: D () Delete
Name: ALLEN, D. D.
Address: 14648 ISLAND DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CLARKE, ROBERT B.
Address: 536 MCCOLLUM CIR
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP (X) Change () Addition
Name: LANGLEY, TERRY
Address: 1722 BIRCHWOOD RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D (X) Change () Addition
Name: DUFRESNE, HOLLY
Address: 149 PRINDLE DR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: T (X) Change () Addition
Name: FULLER, ROBERT H
Address: 590 OCEAN BLVD
City-St-Zip: ALTANTIC BCH, FL 32233

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. FULLER

T

01/14/2005

Electronic Signature of Signing Officer or Director

_____ Date