
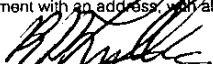


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90077 019 ****61.25

DOCUMENT # 701776					
1. Entity Name AL-PABLO INC					
Principal Place of Business 322 PENMAN ROAD JACKSONVILLE BEACH, FL 32250			Mailing Address 322 PENMAN ROAD JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLARKE, ROBERT B 536 MCCOLLUM CIR NEPTUNE BCH, FL 32266				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAR, MICHAEL			NAME	SEE ATTACHED LIST
STREET ADDRESS	820 11TH AVE S			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, ROBERT B.			NAME	PCD
STREET ADDRESS	536 MCCOLLUM CIR			STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, TERRY			NAME	
STREET ADDRESS	1722 BIRCHWOOD RD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFRESNE, HOLLY			NAME	
STREET ADDRESS	149 PRINDLE DR E			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, ROBERT H			NAME	
STREET ADDRESS	590 OCEAN BLVD			STREET ADDRESS	
CITY-ST-ZIP	ALTANTIC BCH, FL 32233			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, D. D.			NAME	
STREET ADDRESS	14648 ISLAND DR			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	
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 617, 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: 		ROBERT H. FULLER, TREASURER		1/17/2006 904-249-8947	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

Attachment - UNIFORM BUSINESS REPORT

40003219
701776

DOCUMENT # 701776
AL PABLO, INC

Terry Langley
1722 Birchwood Rd
Jacksonville Beach FL 32250

President

Joseph Gavin

Vice President

~~PO Box 331324~~ 322 PENMAN RD
Atlantic Beach FL 32233 JACKSONVILLE BEACH, FL 32250

~~Bob Clarke~~
~~536 McCullum Circle~~
~~Neptune Beach FL 32266~~

~~Secretary~~

~~Bob Fuller~~
~~590 Ocean Blvd~~
~~Atlantic Beach FL 32233~~

~~Treasurer~~

~~D.D. Allen~~
~~14648 Island Dr~~
~~Jacksonville Beach FL 32250~~

~~Director~~

Carol Frost
5170 Lannie Rd
Jacksonville FL 32218

Director

George Frost
5170 Lannie Rd
Jacksonville FL 32218

Al-Anon Rep

Donna Ritchie
315 15th Ave N #3
Jacksonville Beach FL 32250

Director

Dottie Van de Laar
1235 Nipigon Ave N
Atlantic Beach FL 32233

Director

Wes Bassett
393 Royal Palm Dr
Atlantic Beach FL 32233

Director