



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90245 050 ****61.25

60000675



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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1693153				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
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, 2007		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	P	<input checked="" type="checkbox"/> Delete	TITLE		<input 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	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, ROBERT B.		NAME		
STREET ADDRESS	536 MCCOLLUM CIR		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266		CITY-ST-ZIP		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE		<input 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	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIN, JOSEPH		NAME	GAVIN, JOSEPH	
STREET ADDRESS	322 PENMAN RD		STREET ADDRESS	10960 BEACH BLVD LOT 68	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
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		1/06/07 904-249-8947	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Attachment - UNIFORM BUSINESS REPORT

ATTACHMENT
60000675

DOCUMENT # 701776
AL PABLO, INC

701776

✓ Terry Langley 1722 Birchwood Rd Jacksonville Beach FL 32250	President
✓ Dottie Van de Laar 1235 Nipigon Ave N Atlantic Beach FL 32233	Vice President
✓ 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
Wes Bassett 393 Royal Palm Dr Atlantic Beach FL 32233	Director
Joseph Gavin 10960 Beach Blvd Lot 68 Jacksonville FL 32246	Director
Jeff Vinson 923 1st Ave N Jacksonville Beach FL 32250	Director