


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 701776 1. Entity Name AL-PABLO INC	
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Principal Place of Business 322 PENMAN ROAD JACKSONVILLE BEACH, FL 32250	Mailing Address 322 PENMAN ROAD JACKSONVILLE BEACH, FL 32250
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01132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1693153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARKE, ROBERT B 536 MCCOLLUM CIR NEPTUNE BCH, FL 32266
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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	S CLARKE, ROBERT B. 536 MCCOLLUM CIR NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LANGLEY, TERRY 1722 BIRCHWOOD RD JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVIN, JOSEPH 10960 BEACH BLVD LOT 8 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULLER, ROBERT H 590 OCEAN BLVD ALTANTIC BCH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, D. D. 14648 ISLAND DR JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST

U00000786405
01/17/08-80040-004 61.25

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with addresses with all other like empowered.

SIGNATURE: Robert H. Fuller ROBERT H. FULLER 1/13/2008 904-249-7537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #