

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2009  
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: S      ( ) Delete  
Name: CLARKE, ROBERT B.  
Address: 536 MCCOLLUM CIR  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: PCD      ( ) Delete  
Name: LANGLEY, TERRY  
Address: 1722 BIRCHWOOD RD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D      ( ) Delete  
Name: GAVIN, JOSEPH  
Address: 10960 BEACH BLVD LOT 8  
City-St-Zip: JACKSONVILLE, FL 32246

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

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

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D      (X) Change ( ) Addition  
Name: MCGRANE, JEFF  
Address: 219 HOPKINS ST  
City-St-Zip: NEPTUNE BEACH, FL 32266

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

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

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

Title: D      ( ) Change (X) Addition  
Name: BASSETT, WES  
Address: 393 ROYAL PALM DR  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: R H FULLER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

T

01/12/2009

\_\_\_\_\_ Date