


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr-15, 2004 08:00 AM
Secretary of State

DOCUMENT # L88193 1. Entity Name PABLO CENTER BUILDING, INC.	
--	---

Principal Place of Business 415 PABLO AVE N JACKSONVILLE BEACH, FL 32250 US	Mailing Address PO BOX 50127 JACKSONVILLE BEACH, FL 32240 US
---	--

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3019665	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

NICHOLSON, WILLARD B.
6639 SOUTHPOINT PARKWAY, SUITE 101
JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EKSTROM, BRUCE K. 107 LINKS RD MARTHASVILLE, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPDC MESSERLIE, CAROL 201 TWELVE OAKS LANE PONTE VEDRA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCIER, ROBERT P. 15 ONEIDA ROAD ACTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLODZIEJ, DEBORAH 19 FAIRVIEW DR SOUTHBOROUGH, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000113737
04/15/04-80021-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: Carol Messerlie 4/12/04 (904)281-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #