

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90161 001 ***150.00

DOCUMENT # L88193

1. Entity Name
PABLO CENTER BUILDING, INC.



Principal Place of Business
**415 PABLO AVE N
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**415 PABLO AVE N
JACKSONVILLE BEACH, FL 32250 US**

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DO NOT WRITE IN THIS SPACE

04112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3019665

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, DENNIS
415 PABLO AVE N
JACKSONVILLE BEACH, FL 32250**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUCIER, NANCY
STREET ADDRESS	109 CANNON COURT WEST
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	SPDC
NAME	MESSERLIE, CAROL
STREET ADDRESS	201 TWELVE OAKS LANE
CITY-ST-ZIP	PONTE VEDRA BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 CAROL MESSERLIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08

Date

904-285-7568

Daytime Phone #