


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000086227 1. Entity Name PABLO BEACH CASUAL LIFESTYLE CORP.	
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Principal Place of Business
370 SOUTH 3RD STREET
JACKSONVILLE BEACH, FL 32250

Mailing Address
1515 RIVERSIDE AVE STE A
JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3671135	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FRAZIER, W ROBINSON
1515 RIVERSIDE AVE STE A
JACKSONVILLE, FL 32204

**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, 2007 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	STD GIPSON, SALLIE E 370 SOUTH THIRD STREET JACKSONVILLE, FL 32250
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENDRICK, JAMES A 370 SOUTH THIRD STREET JACKSONVILLE, FL 32250
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/30/07-80025-017 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James A. Kendrick, President

1/26/07
Date

904-247-0938
Daytime Phone #