

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000127229

1. Entity Name
PABIAN OUTDOOR-SOUTHEAST, INC.



Principal Place of Business
362 GULF BREEZE PKWY, #111
GULF BREEZE, FL 32561

Mailing Address

362 GULF BREEZE PKWY, #111
GULF BREEZE, FL 32561

2. Principal Place of Business
913 GULF BREEZE PARKWAY
Suite, Apt. #, etc.
SUITE 3
City & State
GULF BREEZE, FL
Zip 32561 Country USA

3. Mailing Address
362 GULF BREEZE PKWY
Suite, Apt. #, etc.
#111
City & State
GULF BREEZE, FL
Zip 32561 Country USA

04242006 Chg-P CR2E034 (11/05)



4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASE, JAMES L
101 EAST GOVERNMENT STREET
PENSACOLA, FL 32501

Name KRISTINE PABIAN

Street Address (P.O. Box Number is Not Acceptable)

362 GULF BREEZE PKWY #111

City GULF BREEZE FL Zip Code 32561

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME PABIAN, ROBERT C
STREET ADDRESS 362 GULF BREEZE PKWY #111
CITY-ST-ZIP GULF BREEZE, FL 32561

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

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: *Chase*

ROBERT PABIAN

4/24/06 850-932-3382
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR