

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000012436

Entity Name: PABLO BEACH INVESTMENTS, INC.

FILED  
May 08, 2008  
Secretary of State

## Current Principal Place of Business:

2451 3RD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 50671  
JACKSONVILLE BEACH, FL 32240

## New Mailing Address:

FEI Number: 59-3167761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AHERN, FRED L JR.  
2215 SOUTH 3RD ST.  
SUITE 101  
JACKSONVILLE BEACH, FL 32250 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DIXON, CHARLES E III  
Address: PO BOX 50671  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: VP ( ) Delete  
Name: BELLARD, EMORY D III  
Address: PO BOX 50671  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: S ( ) Delete  
Name: DIXON, ELIZABETH C  
Address: PO BOX 50671  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: TD ( ) Delete  
Name: BELLARD, RACHEL E  
Address: PO BOX 50671  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: VP ( ) Delete  
Name: DIXON, SARAH J  
Address: PO BOX 50671  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: VPD ( ) Delete  
Name: HAMMOND, S B  
Address: PO BOX 50671  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E DIXON III

PD

05/08/2008

Electronic Signature of Signing Officer or Director

Date