

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087254

FILED
Apr 08, 2008
Secretary of State

Entity Name: PAVILION OFFICE CENTER, INC.

Current Principal Place of Business:

712 US HWY 1, PAVILION OFFICE CTR
SUITE 301-33
N PALM BEACH, FL 33408 US

Current Mailing Address:

712 US HWY 1
SUITE 301
N PALM BEACH, FL 33408 US

FEI Number: 65-0541924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

712 US HWY 1, PAVILION OFFICE CENTER
SUITE 301-33
N PALM BEACH, FL 33408 US

New Mailing Address:

712 US HWY 1
SUITE 301-33
N PALM BEACH, FL 33408 US

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC
777 S FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

GILLESPIE, SHARON R
712 U.S. HIGHWAY ONE
SUITE 301-33
NORTH PALM BEACH, FL 33408 US

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: SHARON R. GILLESPIE

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GILLESPIE, SHARON
Address: 31 CUTLER RD
City-St-Zip: GREENWICH, CT 06831

Title: VD () Delete
Name: GILLESPIE, CIRI L
Address: 489 BARROWS RD
City-St-Zip: BRATTLEBORO, VT 05301

Title: VD () Delete
Name: GILLESPIE-WILSON, CARA L
Address: 38 TAUNTON HILL RD
City-St-Zip: NEWTOWN, CT 06470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GILLESPIE, SHARON R
Address: 5380 N. OCEAN DRIVE, 21-E
City-St-Zip: SINGER ISLAND, FL 33404

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

Title: VD (X) Change () Addition
Name: GILLESPIE-WILSON, CARA L
Address: 41 LUDLOW WOODS ROAD
City-St-Zip: STANFORDVILLE, NY 12581

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: SHARON R. GILLESPIE

PSTD

04/08/2008

Electronic Signature of Signing Officer or Director

Date