

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90051 029 ***158.75

DOCUMENT # S80520 1. Entity Name PABCO BUILDERS, INC.					
Principal Place of Business 2195 MERCERS FERNERY RD DELAND, FL 32720			Mailing Address 2195 MERCERS FERNERY RD DELAND, FL 32720		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3089663	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BARTHOLOMEW, PHILLIP 2195 MERCERS FERNERY ROAD DELAND, FL 32720			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☐ Delete BARTHOLOMEW, PHILLIP 2195 MERCERS FERNERY ROAD DELAND, FL 32720		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PD BARTHOLOMEW, PHILLIP 2195 MERCERS FERNERY ROAD DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ☐ Delete BARTHOLOMEW, BETH 2195 MERCERS FERNERY ROAD DELAND, FL 32720		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition T BARTHOLOMEW, CHRISTOPHER 2195 MERCERS FERNERY ROAD DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 exemption stated in Section 119.07(3)(i), 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 information.					
SIGNATURE: <i>BETH BARTHOLOMEW</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01-20-05 738-4633 Date Daytime Phone #		

50006072



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