

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003261

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC8175251059**

**Entity Name:** PABLO RENEWAL IN DUVAL EAST CORPORATION

**Current Principal Place of Business:**

824 FIRST AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

P. O. BOX 50572  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 59-3332908

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLLOWAY, VALLIE M  
824 FIRST AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title BD  
Name HOLLOWAY, MARJORIE T  
Address 824 FIRST AVENUE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title BD  
Name HARTKEMTYER, STEVE  
Address 11 N. THRID ST.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D  
Name PALMER, LEWIS  
Address 6266 BARRY DR WEST  
City-State-Zip: JACKSONVILLE FL 32208

Title BM  
Name HOFFMAN, ALMA  
Address 624 2ND AVE. S.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title P  
Name HOLLOWAY, VALLIE MDR.  
Address 824 FIRST AVENUE SOUTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR. VALLIE M. HOLLOWAY

P

01/10/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date