

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K36236

Entity Name: PABRICO INC.

FILED  
Mar 09, 2012  
Secretary of State

**Current Principal Place of Business:**

18704 GLADES CUT-OFF RD  
FORT PIERCE, FL 34987 US

**New Principal Place of Business:**

18704 GLADES CUT-OFF RD  
PORT ST.LUCIE, FL 34987 US

**Current Mailing Address:**

18704 GLADES CUT-OFF RD  
FORT PIERCE, FL 34987 US

**New Mailing Address:**

18704 GLADES CUT-OFF RD  
PORT ST.LUCIE, FL 34987 US

FEI Number: 65-0073463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KENT, BRIAN  
18704 GLADES CUT-OFF RD  
FORT PIERCE, FL 34987 US

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

KENT, BRIAN  
18704 GLADES CUT-OFF RD  
PORT ST.LUCIE, FL 34987 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

03/09/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KENT, BRIAN  
Address: 18704 GLADES CUT-OFF RD  
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: VP  
Name: KENT, PATRICIA M  
Address: 18704 GLADES CUT OFF RD  
City-St-Zip: PORT ST LUCIE, FL 3987

Title: P  
Name: KENT, BRIAN W  
Address: 18704 GLADES CUT-OFF RD.  
City-St-Zip: PORT ST. LUCIE, FL 34987 US

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

SIGNATURE: BRIAN KENT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

03/09/2012

\_\_\_\_\_  
Date