


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000030792
 1. Entity Name
PABODY ENTERPRISES, INC.



Principal Place of Business Mailing Address
5233 FOREST DRIVE **5233 FOREST DRIVE**
GRACEVILLE FL 32440 **GRACEVILLE FL 32440**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

BAKER, FRANK A
4431 LAFAYETTE STREET
MARIANNA FL 32446

4. FEI Number Applied For / Not Applicable

20-0741765

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	PABODY, GEORGE A	NAME	
STREET ADDRESS	5239 PEANUT ROAD	STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL 32440	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	PABODY, STEVE	NAME	
STREET ADDRESS	5233 FOREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL 32440	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	PABODY, HAZEL	NAME	
STREET ADDRESS	5233 FOREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL 32440	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowered.

SIGNATURE: *Hazel Pabody* **Hazel Pabody** **4/27/06** **850-263-427**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #