

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059869

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PABLO BEACH INSURANCE GROUP, INC.

**Current Principal Place of Business:**

13500 SUTTON PARK DRIVE S  
SUITE 801  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

13500 SUTTON PARK DRIVE S  
SUITE 801  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 20-2731085      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MURPHY, EMILY  
13500 SUTTON PARK DRIVE S  
SUITE 801  
JACKSONVILLE, FL 32224 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: EVPT ( ) Delete  
Name: MURPHY, EMILY  
Address: 41 FAIRWAY LANE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: CFO ( ) Delete  
Name: MURPHY, EMILY  
Address: 41 FAIRWAY LANE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PS ( ) Delete  
Name: CASNELLIE, TERI J  
Address: 1640 COUNTRY WALK DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

Title: CEO ( ) Delete  
Name: MURPHY, SHAUN  
Address: 13500 SUTTON PARK DR. S #801  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: EMILY A MURPHY

CFO

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date