

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015930

Entity Name: P A B AND B, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

1900 S. HARBOR CITY BLVD., #215
MELBOURNE, FL 32901

New Principal Place of Business:

4909 N COCOA BLVD.
#8
COCOA, FL 32927 US

Current Mailing Address:

1900 S. HARBOR CITY BLVD., #215
MELBOURNE, FL 32901

New Mailing Address:

4909 N. COCOA BLVD.
#8
COCOA, FL 32927

FEI Number: 20-4241239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, PATRICIA A
1900 S. HARBOR CITY BLVD., #215
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

BELL, PATRICIA A
4909 N. COCOA BLVD.
#8
COCOA, FL 32927 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: PATRICIA A. BELL

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: BELL, PATRICIA A OWNER
Address: 4909 N. COCOA BLVD., #8
City-St-Zip: COCOA, FL 32927

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA A. BELL

OWNE

04/23/2007

Electronic Signature of Signing Officer or Director

Date