


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # S80520 1. Entity Name PABCO BUILDERS, INC.	
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Principal Place of Business 2195 MERCERS FERNERY RD DELAND, FL 32720	Mailing Address 2195 MERCERS FERNERY RD DELAND, FL 32720
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3089663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTHOLOMEW, PHILLIP
2195 MERCERS FERNERY ROAD
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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.

01/19/06-20018-008 15s. 75

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARTHOLOMEW, PHILLIP 2195 MERCERS FERNERY ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS BARTHOLOMEW, BETH 2195 MERCERS FERNERY ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BARTHOLOMEW, CHRISTOPHER 2195 MERCERS FERNERY ROAD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Beth Bartholomew **VPS** *[Signature]* **1-4-06** **386-738-4633**
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #