


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # S80520
 1. Entity Name
PABCO BUILDERS, INC.



Principal Place of Business Mailing Address
2195 MERCERS FERNERY RD **2195 MERCERS FERNERY RD**
DELAND, FL 32720 **DELAND, FL 32720**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3089663 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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.

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, 2007 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
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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 Phillip A. Bartholomew Date 1-10-07 Daytime Phone # 3867384633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip A. Bartholomew