


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90255 033 \*\*\*150.00

**DOCUMENT # P00000027158**

1. Entity Name  
**KABANG, INC.**



Principal Place of Business  
**13304 GLACIER NAT'L DRIVE  
 ORLANDO, FL 32837**

Mailing Address  
**717 E OAK STREET  
 KISSIMMEE, FL 34744**

**DO NOT WRITE IN THIS SPACE**



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3633227</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAUMRUK, ANDREW J CPA  
 717 E. OAK STREET  
 KISSIMMEE, FL 34744**

**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, 2004 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	DP DEXTER, ROBERT G 13531 SUMMERTON DRIVE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP KANIA, WILLIAM 767 LEONARDO CT. KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BUDHA, EON 2340 THE OAKS BLVD. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BELL, STEVEN C 13304 GLACIER NATIONAL DRIVE #5105 ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steven C Bell Steven C Bell 4/6/04 407 855 6844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #