

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059021

Entity Name: CABANA & COMPANY, INC.

FILED  
Apr 10, 2012  
Secretary of State

**Current Principal Place of Business:**

4589 W. OAKLAWN ST.  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

4589 W. OAKLAWN ST.  
LECANTO, FL 34461

**New Mailing Address:**

FEI Number: 59-3649873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CABANA, ARLENE M  
4589 W OAKLAWN STREET  
LECANTO, FL 34461 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: CABANA, ARLENE M  
Address: 4589 W OAKLAWN ST  
City-St-Zip: LECANTO, FL 34461

I hereby 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 all other like empowered.

SIGNATURE: ARLENE M CABANA

P

04/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date