

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059021

Entity Name: CABANA & COMPANY, INC.

Current Principal Place of Business:

4589 W. OAKLAWN ST.
LECANTO, FL 34461

Current Mailing Address:

4589 W. OAKLAWN ST.
LECANTO, FL 34461

FEI Number: 59-3649873

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PTD
Name CABANA, ARLENE M
Address 4589 W OAKLAWN ST
City-State-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

PRESIDENT

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date