

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059021

Entity Name: CABANA & COMPANY, INC.

FILED
Feb 25, 2008
Secretary of State

Current Principal Place of Business:

4589 W OAKLAWN STREET
LECANTO, FL 34461

New Principal Place of Business:

2541 N RESTON TERRACE
HERNANDO, FL 34442

Current Mailing Address:

4589 W OAKLAWN STREET
LECANTO, FL 34461

New Mailing Address:

2541 N RESTON TERRACE
HERNANDO, FL 34442

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VSD () Delete
Name: MAIDLOW, MICHELLE
Address: 6299 W LIBERTY LANE
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARLENE M CABANA

P

02/25/2008

Electronic Signature of Signing Officer or Director

_____ Date