


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90027 033 \*\*\*150.00

**DOCUMENT # V14163**  
 1. Entity Name  
 KURBAN AND SONS, INC.



Principal Place of Business: 7669 HIGH PINE RD, ORLANDO, FL 32819 US  
 Mailing Address: 7669 HIGH PINE RD, ORLANDO, FL 32819 US

**50006919**



2. Principal Place of Business: 2155 LAND STREET  
 Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

01182005 Chg-P CR2E034 (10/03)

City & State: ORLANDO, FL  
 Zip: 32809 Country: ORANGE

4. FEI Number: 59-3146109  
 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75: Additional Fee Required

6. Name and Address of Current Registered Agent  
 KURBAN, HENRY M  
 7669 HIGH PINE ROAD  
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent  
 Name: KURBAN, Henry M  
 Street Address (P.O. Box Number is Not Acceptable): 7669 High Pine Road  
 City: ORLANDO FL Zip Code: 32819

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: Henry M. Kurban, President DATE: January 20th/2005  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	T	<input type="checkbox"/> Delete
NAME	KURBAN, PAULA	
STREET ADDRESS	7669 HIGH PINE RD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	P	<input type="checkbox"/> Delete
NAME	KURBAN, HENRY M	
STREET ADDRESS	7669 HIGH PINE RD	
CITY-ST-ZIP	ORLANDO, FL-32819	
TITLE	S	<input type="checkbox"/> Delete
NAME	KURBAN, RICHARD M	
STREET ADDRESS	7669 HIGH PINE RD.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Henry M. Kurban DATE: JANUARY 20th/2005 (407) 363-5716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #