


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90202 019 ***158.75

DOCUMENT # P00000081062
 1. Entity Name
GARY PABEN PRODUCTIONS, INC.



Principal Place of Business
**4632 VAN KLEECK DRIVE
 NEW SMYRNA BEACH FL 32169**

Mailing Address
**4632 VAN KLEECK DRIVE
 NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business
734 North Tuxedo Ave.

3. Mailing Address
734 North Tuxedo Ave.


Suite, Apt. #, etc.

City & State
De Land Florida

City & State
De Land Florida

Zip
32724

Country
USA



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3667392** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PABEN, GARY K
 4632 VAN KLEECK DRIVE
 NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

Name **Paben, GARY K**

Street Address (P.O. Box Number is Not Acceptable)
734 N. Tuxedo Ave

City **De Land** FL Zip Code **32724**

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 *Gary K. Paben* DATE *Feb 14, 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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD PABEN, GARY K 4632 VAN KLEECK DRIVE NEW SMYRNA BEACH FL 32169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD PABEN, GARY K 734 North Tuxedo Ave De Land, Florida 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gary Kent Paben* **GARY KENT PABEN** Feb 14, 2005 907-256-9489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #