

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2006 8:00 am
Secretary of State

01-24-2006 90031 011 ***150.00

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1. Entity Name
KABALTON CORP.



Principal Place of Business
**3081 SE DOMINICA TERRACE
STUART, FL 34997**

Mailing Address
**3500 S. KANNER HIGHWAY
LOT 117
STUART, FL 34994**

66001951



01152006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4212026

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DE LORENZO, TONY
3500 S. KANNER HIGHWAY
LOT 117
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

1-15-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: DP
NAME: DE LORENZO, TONY
STREET ADDRESS: 3500 S. KANNER HIGHWAY
CITY - ST - ZIP: STUART, FL 34994

TITLE: DST
NAME: HORSTING, AL
STREET ADDRESS: 7193 SE SEAGATE LANE
CITY - ST - ZIP: STUART, FL 34997

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
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NAME:
STREET ADDRESS:
CITY - ST - ZIP:

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Tony DE LORENZO 2-17-06 772 263-0529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #