


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90139 029 \*\*\*150.00

**DOCUMENT # P98000055483**

1. Entity Name  
 CORPBANG, INC.



Principal Place of Business  
 1200 S.E. 59TH STREET  
 Ocala, FL 34480

Mailing Address  
 1200 S.E. 59TH STREET  
 Ocala, FL 34480

2. Principal Place of Business  
 1220 SE 59<sup>th</sup> STREET

3. Mailing Address  
 1220 SE 59<sup>th</sup> STREET

Suite, Apt. #, etc.

City & State  
 Ocala FL

City & State  
 Ocala FL

Zip  
 34480

Country  
 USA

Zip  
 34480

Country  
 USA



04032006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

GALLINARO, ROBERT N  
 1220 SE 59TH STREET  
 Ocala, FL 34480

4. FEI Number  
 59-3530334

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	D	<input type="checkbox"/> Delete
NAME	GALLINARO, ROBERT N	
STREET ADDRESS	1220 SE 59TH STREET	
CITY-ST-ZIP	Ocala, FL 34480	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLINARO, NANCY M	
STREET ADDRESS	1220 SE 59TH STREET	
CITY-ST-ZIP	Ocala, FL 34480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GLENN C	
STREET ADDRESS	1200 S.E. 59TH STREET	
CITY-ST-ZIP	Ocala, FL 34480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ALLURA H	
STREET ADDRESS	1200 S.E. 59TH STREET	
CITY-ST-ZIP	Ocala, FL 34480	
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 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: Robert N. Gallinaro ROBERT N. GALLINARO 4/3/06 (352) 873-9351

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