## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT

DOCUMENT # P01000070529

1. Entity Name CABANA MAN INC.

Principal Place of Business

14872 64TH ST NORTH CLEARWATER, FL 33760 Mailing Address

P.O.BOX 3392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLEARWATER BCH, FL 33767

**FILED** Apr 22, 2004 08:00 AM Secretary of State



04132004

No Chg-P

CR2E034 (10/03)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DIFALCO, ANTHONY M 14872 64TH STREET NORTH CLEARWATER, FL 33760

SIGNATURE!

## DO NOT WRITE IN THIS SPACE

Apr 14-2004 (727) 560-9168

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 reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000125800 04/23/04-80008-023 15 <b>8.75</b>
10.					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P DIFALCO, ANTHONY M 14872 64TH ST N CLEARWATER, FL 33760				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-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 receiper or fusite emprovered 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 of powered.					