


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90028 014 ***150.00

DOCUMENT # P03000139857	
1. Entity Name CABASCA'S RESTAURANT, INC.	

Principal Place of Business 2681 AIRPORT RD. SOUTH, SUITE C-101 NAPLES FL 34112	Mailing Address 2681 AIRPORT RD. SOUTH, SUITE C-101 NAPLES FL 34112
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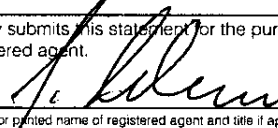
2. Principal Place of Business 1113 GSTERO BLVD Suite, Apt. #, etc. FT. MYERS BEACH, FL. #5	3. Mailing Address 1113 GSTERO BLVD Suite, Apt. #, etc. #5
City & State FT. MYERS BEACH, FL.	City & State FT. MYERS BEACH
Zip 33931	Country USA
Zip 33931	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent JOANIDES, JOHN C 2681 AIRPORT RD. SOUTH, SUITE C-101 NAPLES FL 34112	7. Name and Address of New Registered Agent Name: JOERG WIEBE Street Address (P.O. Box Number is Not Acceptable): 400 LENELL RD #503 City: FT. MYERS BEACH FL Zip Code: 33931
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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.

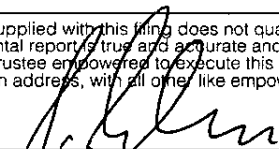
SIGNATURE:  DATE: 3-25-04

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANIDES, JOHN C 2681 AIRPORT RD. SOUTH, SUITE C-101 NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOERG WIEBE 400 LENELL RD #503 FT. MYERS BEACH, FL. 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  DATE: 3-25-04 DAYTIME PHONE #: 239-463-9919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR