


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90007 022 ***150.00

DOCUMENT # P94000039305
 1. Entity Name
CABANA CAFE, INC.



Principal Place of Business
2378 HWY 98 EAST
DESTIN, FL 32541 US

Mailing Address
P. O. BOX 99
DESTIN, FL 32540-0099 US

DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3292901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMER, JOHN HAMMOND
1751 SCENIC HWY 98E
#719
DESTIN, FL 32541

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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  John H. Comer 3/24/04
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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President + CFO</i> COMER, JOHN HAMMOND 1241 Airport Rd #719 2nd Floor DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chairman of the Board</i> COBB, HENRY H. JR. 1241 Airport Rd 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. + Controller</i> many Lou Cowgill 1241 Airport Rd. 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. + Director of operations</i> Jim Anderson 1241 Airport rd. 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>A.V.P. + Asst. to the Director of operations</i> Roberto Hernandez 1241 Airport Rd. 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  3/22/04 (850) 837-1637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #