


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # V01397	
1. Entity Name POP'S CASBAH, INC.	

Principal Place of Business 2005 SOUTH WAVERLY PL MELBOURNE FL 32901	Mailing Address 2005 SOUTH WAVERLY PL MELBOURNE FL 32901
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3096797	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REESE, RONALD LEIGH 2005 SOUTH WAVERLY PLACE MELBOURNE FL 32901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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 PD <input type="checkbox"/> Delete	NAME REESE, LESLIE B. STREET ADDRESS 3390 FELL ROAD CITY-ST-ZIP MELBOURNE FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE STD <input type="checkbox"/> Delete	NAME REESE, MARGUERITE STREET ADDRESS 3390 FELL ROAD CITY-ST-ZIP MELBOURNE FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE VD <input type="checkbox"/> Delete	NAME REESE, R L STREET ADDRESS 243 HARBOUR DE CITY-ST-ZIP INDIAN HARBOUR BCH FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: *R. Leigh Reese* **R. Leigh Reese** **21 Feb, 04** **321-723-9811**

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