

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # G85025 1. Entity Name THE PELICAN LANDSCAPE CO., INC.	
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Principal Place of Business C/O GENE M. PRANZO 230 PARK AVE 26TH FLOOR NEW YORK, NY 10169 US	Mailing Address C/O GENE M. PRANZO 230 PARK AVE 26TH FLOOR NEW YORK, NY 10169 US
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3202205	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRANZO, GENE M. 230 PARK AVE 26TH FLOOR NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TALFORD, RICHARD S. C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TALFORD, DORIS K. C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POTTER, CAROL C/O GENE M. PRANZO, 230 PARK AVE 26TH FL NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/04-80102-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: <u>Gene M. Pranzo, Director</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>1/30/04</u> Date	Debit Phone #: <u>(239) 593-8364</u> Debit Phone #
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