

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1093

7/19/2005-90040-008-\$158.75-\$158.75

05 SEP 22 PM 6:36



1st MOORE CR2E034 (10/04) 05

DOCUMENT # H10119			
1. Entity Name PELICAN OAKS, INC.			
Principal Place of Business 101 BAYSHORE RD SUITE C NOKOMIS FL 34275 US		Mailing Address W1446 SOUTHSORE DR EAST TROY WI 53120 US	
2. Principal Place of Business 2041 Portway Ave Mississauga Ontario Suite, Apt. #, etc.		3. Mailing Address 2041 Portway Ave Mississauga Ont. L5H 3M6 Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2442475		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 GULL, THOMAS C 101 BAYSHORE RD. NOKOMIS FL 34275		7. Name and Address of New Registered Agent Name: EVANS, Wm Street Address (P.O. Box Number is Not Acceptable): 101 Bayshore Road City: NOKOMIS FL Zip Code: 34275	
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: July 12, 2005	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: HARRISON, ROBERT W. STREET ADDRESS: 101 BAYSHORE RD. CITY-ST-ZIP: NOKOMIS FL	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: EVANS, Wm STREET ADDRESS: 2041 Portway Ave CITY-ST-ZIP: Mississauga, Ont L5H 3M6	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GRANDGEORGE, ED STREET ADDRESS: 101 BAYSHORE RD. CITY-ST-ZIP: NOKOMIS FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GULL, THOMAS C. STREET ADDRESS: W1446 SOUTHSORE DR CITY-ST-ZIP: EAST TROY WI	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: EVANS, WM STREET ADDRESS: 2041 PORTWAY AVE. CITY-ST-ZIP: MISSISSAUGA, ONTARIO	<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
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: July 12 2005 705-324-3207	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

PELICAN OAKS INC.

*Office of; J. WILLIAM EVANS, Hon. B.A., LL.B
Barrister, Solicitor, Notary Public*

Tel. (705) 324-3207
2041 Portway Avenue
Mississauga, Ont. L5H 3M6

Fax (705) 328-1128
*TOLL FREE 866-648-0736

September 7, 2005

Florida Department of State
Division of Corporations
Box 6327
TALLAHASSEE, Florida 32314

Attention; Glenda E. Hood

Dear Madam;

RE; PELICAN OAKS, INC.
REF H10119

Your letter of July 22nd was received in this matter. I do have a Florida address, but wish all mailings to come to my Ontario address. I do not know where to show the Florida address on the form I have filed with you (copy of which is attached). The Florida address of the property is:

101 Bayshore Road
Nokomis, Florida 34275

I understood from the filing that I could advise the reason I was requesting a reduction in the penalty amounts. As this is not acceptable, I have enclosed cheque to you for the balance owing of \$391.25. I have already included in the former cheque the \$8.75 for the status certificate request.

Please forward mailings to my Mississauga, Ontario address.