

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H10119

Entity Name: PELICAN OAKS, INC.

FILED  
Apr 16, 2008  
Secretary of State

**Current Principal Place of Business:**

101 BAYSHORE RD  
SUITE D  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

**Current Mailing Address:**

2041 PORTWAY AVENUE  
MISSISSAUGA, OT L5H3M6 CA

**New Mailing Address:**

FEI Number: 59-2442475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EVANS, WILLIAM  
101 BAYSHORE RD.  
UNIT D  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EVANS, WILLIAM  
Address: 2041 PORTWAY AVENUE  
City-St-Zip: MISSISSAUGA, OT L5H3M6 CA

Title: TD ( ) Delete  
Name: WILLIAM EVANS,  
Address: 101 BAYSHORE RD. UNIT D  
City-St-Zip: NOKOMIS, FL

Title: VD ( ) Delete  
Name: EVANS, WM,  
Address: 2041 PORTWAY AVE.  
City-St-Zip: MISSISSAUGA, ONTARIO, OT L5H3M6 CA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM EVANS

PD

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date