


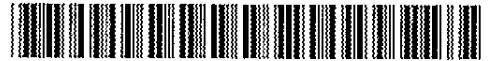
**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000075987  
 1. Entity Name  
 PELICAN COVE MOTEL, INC.



Principal Place of Business 23275 BAYSHORE RD PORT CHARLOTTE, FL 33980	Mailing Address 23275 BAYSHORE RD PORT CHARLOTTE, FL 33980
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0944563	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  
 THOMAS, JUDITH K  
 23275 BAYSHORE RD  
 PORT CHARLOTTE, FL 33980

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D THOMAS, HARRY J 23275 BAYSHORE RD PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, JUDITH K 23275 BAYSHORE RD PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/20/04-80046-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Judith K. Thomas Judith K. Thomas 1-14-04 941-17649100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #