

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90006 010 ***150.00

DOCUMENT # J47898

1. Entity Name
PELICAN COVE DEVELOPMENT CORPORATION



Principal Place of Business
**7449 W. GULF TO LAKE HWY
SUITE 5
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**7449 W. GULF TO LAKE HWY
SUITE 5
CRYSTAL RIVER, FL 34429 US**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2752795

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EYSTER, JAMES P
7449 W. GULF TO LAKE HWY
SUITE 5
CRYSTAL RIVER, FL 34429**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EYSTER, JAMES P
STREET ADDRESS	7449 W GULF TO LAKE HWY SUITE 5
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	ST P
NAME	EYSTER, JAMES S
STREET ADDRESS	7449 W GULF TO LAKE HWY SUITE 5
CITY-ST-ZIP	CRYSTAL RIVER, 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #