

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H10119

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC4214365412**

**Entity Name:** PELICAN OAKS, INC.

**Current Principal Place of Business:**

101 BAYSHORE RD  
SUITE D  
NOKOMIS, FL 34275

**Current Mailing Address:**

219 KENT ST. WEST  
PO BOX 427  
LINDSAY, ON K9V4S-5 CA

**FEI Number:** 59-2442475

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title PD  
Name EVANS, WILLIAM  
Address 219 KENT ST. WEST, BOX 427  
City-State-Zip: LINDSAY ON K9V4S-5

Title TD  
Name WILLIAM EVANS  
Address 101 BAYSHORE RD. UNIT D  
City-State-Zip: NOKOMIS FL

Title VD  
Name EVANS, WM  
Address 219 KENT ST. WEST, BOX 427  
City-State-Zip: LINDSAY, ON K9V4S-5

*I hereby 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 all other like empowered.*

**SIGNATURE:** WM EVANS

PD

01/24/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date