

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H10119

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

**Current Principal Place of Business:**

101 BAYSHORE RD  
SUITE D  
NOKOMIS, FL 34275

**FILED**  
**Feb 14, 2019**  
**Secretary of State**  
**0768684672CC**

**Current Mailing Address:**

4 SATURN ROAD  
PO BOX 278  
COBOCONK, ONTARIO K0M1K0 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 4 SATURN ROAD, PO BOX 278  
City-State-Zip: COBOCONK ONTARIO K0M1K0

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

Title VD  
Name EVANS, WM  
Address 4 SATURN ROAD, PO BOX 278  
City-State-Zip: COBOCONK ONTARIO K0M1K0

*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: WILLIAM EVANS**

**PD**

**02/14/2019**

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

\_\_\_\_\_  
Date