

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 854567

1. Entity Name
THE PELICAN NURSERY CO., INC.



Principal Place of Business
C/O GENE M. PRANZO
230 PARK AVE 26TH FLOOR
NEW YORK, NY 10169 US

Mailing Address
C/O GENE M. PRANZO
230 PARK AVE 26TH FLOOR
NEW YORK, NY 10169 US



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2424479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

**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, 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
DVP
TALFORD, RICHARD S.
C/O GENE M. PRANZO, 230 PARK AVE 26TH FL
NEW YORK CITY, NY 10169

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
TALFORD, DORIS
C/O GENE M. PRANZO, 230 PARK AVE 26TH FL
NEW YORK CITY, NY 10169

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DS
PRANZO, GENE M.
230 PARK AVE 26TH FLOOR
NEW YORK CITY, NY 10169

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
POTTER, CAROL
C/O GENE M. PRANZO, 230 PARK AVE FL
NEW YORK CITY, NY 10169

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Gene M. Pranzo
DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04
Date

(231) 593-8364
Daytime Phone #