

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90020 023 ***150.00

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # G24564 1. Entity Name PELICAN MOTEL AND TRAILER PARK, INC.					
Principal Place of Business C/O ROBERT K. MILLER, ESQ. 2975 OVERSEAS HIGHWAY MARATHON, FL 33050			Mailing Address C/O ROBERT K. MILLER, ESQ. 2975 OVERSEAS HIGHWAY MARATHON, FL 33050		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-2258129 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MILLER, ROBERT K ESQ 2975 OVERSEAS HWY. MARATHON, FL 33050	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP FRIEG, ARTHUR R 407 N.W. 39TH ROAD, APT. D GAINESVILLE, FL 32607		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD FRIEG, ROBERT C. 11950 NE 131 PL ARCHER, FL 32618		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD FRIEG, SANDRA G. 11950 NE 131 PL ARCHER, FL 32618		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP FRIEG, ROBERT C JR 59151 OVERSEAS HWY MARATHON, FL 33050		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(Empty)		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(Empty)		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(Empty)		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(Empty)		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Sandra Frieg Sec. Tres</u> <u>Sandra Frieg Sec. Tres 2/14/05</u> <u>3524951246</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					