


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90416 032 \*\*\*150.00

**DOCUMENT # H22644**  
 1. Entity Name  
**PELICAN ESTATES, INC.**



Principal Place of Business Mailing Address  
 % WILLIAM F. KOCH, JR.  
 214 NE 4TH ST.  
 DELRAY BEACH FL 33444 % WILLIAM F. KOCH, JR.  
 214 NE 4TH ST.  
 DELRAY BEACH FL 33444

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2519551** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KOCH, WILLIAM F., JR.**  
**900 EAST ATLANTIC AVENUE**  
**#14**  
**DELRAY BEACH FL 33444**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOCH, WILLIAM F. III	
STREET ADDRESS	900 E. ATLANTIC AVE., #14	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	GWYNN, WILLIAM E.	
STREET ADDRESS	214 N.E. 4TH ST.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROYAN, COLIN S. R.	
STREET ADDRESS	SEVEN ROTHESAY TERRACE	
CITY-ST-ZIP	EDINBURGH, SCOTLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, PETER HALFORD	
STREET ADDRESS	INVERESK HOUSE 1 ALDWYCH	
CITY-ST-ZIP	LONDON, ENG.	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOCH, WILLIAM F. III	
STREET ADDRESS	900 E ATLANTIC AVE #14	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	AST	<input type="checkbox"/> Delete
NAME	GWYNN, WILLIAM E	
STREET ADDRESS	214 NE 4TH ST.	
CITY-ST-ZIP	DELRAY BCH. FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *William E. Gwynn* **4/25/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #