

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H50251

1. Entity Name

PELICAN OF ST. JOHNS COUNTY, INC.



FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90178 046 ***150.00

Principal Place of Business

308 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

Mailing Address

308 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

94069405



DO NOT WRITE IN THIS SPACE

03242004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2523292

Applied For

Not Applicabl

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EATON JR, ROSWELL W
308 S. PONCE DE LEON BLVD
SAINT AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

3. 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	DT
NAME	PATRICIA A. EATON - <i>Burkley</i>
STREET ADDRESS	308 S. PONCE DE LEON BLVD
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32086
TITLE	DP
NAME	EATON, JR., ROSWELL W
STREET ADDRESS	308 S. PONCE DE LEON BLVD.
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RWE R.W. EATON, PRESIDENT

Date

4-22-04 904-824-7775

Daytime Phone #