

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR -8 AM 7:48

SECRET
TALLAHASSEE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H50421

1. Entity Name
PELICAN PIER, INC.



Principal Place of Business
1606 AVE "C", UNIT #5
RIVIERA BEACH, FL 33404

Mailing Address
1606 AVE "C", UNIT #5
RIVIERA BEACH, FL 33404



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2650959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANRESA, CARLOS
1606 AVE "C", UNIT #5
RIVIERA BEACH, FL 33404

**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	P
NAME	MANRESA, CARLOS
STREET ADDRESS	1606 AVE "C", UNIT #5
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	V
NAME	MANRESA, JAMISON
STREET ADDRESS	11869 BIRCH ST.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	MANRESA, DINA
STREET ADDRESS	216 2ND COURT
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	T
NAME	MANRESA, FRANCO
STREET ADDRESS	1606 AVE "C", UNIT #5
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800030361108
03/12/04--01018--010 **150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-04 361 840-9135