


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90116 031 \*\*\*150.00

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DOCUMENT # J47898					
1. Entity Name PELICAN COVE DEVELOPMENT CORPORATION					
Principal Place of Business 7655 W GULF TO LAKE HIGHWAY SUITE 14 CRYSTAL RIVER, FL 34429 US		Mailing Address 7655 W GULF TO LAKE HIGHWAY SUITE 14 CRYSTAL RIVER, FL 34429 US			
2. Principal Place of Business 7449 W. Gulf to Lake Hwy Suite, Apt. #, etc. Suite #5		3. Mailing Address 7449 W. Gulf to Lake Hwy Suite, Apt. #, etc. Suite #5			
City & State Crystal River, FL		City & State Crystal River, FL		4. FEI Number 59-2752795	
Zip 34429		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EYSTER, JAMES P 7655 W. GULF TO LAKE HWY SUITE 14 CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent		
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.			Name		
SIGNATURE: <i>James P Eyster</i>			Street Address (P.O. Box Number is Not Acceptable)		
Date: 4/28/05			City		
FL			Zip Code		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EYSTER, JAMES P 7655 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eyster, James P 7449 W. Gulf to Lake Hwy Suite 5 Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <i>James P Eyster</i>			Date: 4/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 352-795-6986		