


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90006 010 ***150.00

DOCUMENT # J47898	
1. Entity Name PELICAN COVE DEVELOPMENT CORPORATION	

Principal Place of Business 7449 W. GULF TO LAKE HWY SUITE 5 CRYSTAL RIVER, FL 34429 US	Mailing Address 7449 W. GULF TO LAKE HWY SUITE 5 CRYSTAL RIVER, FL 34429 US
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2752795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EYSTER, JAMES P
 7449 W. GULF TO LAKE HWY
 SUITE 5
 CRYSTAL RIVER, FL 34429

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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)

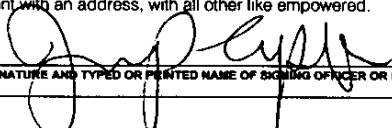
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EYSTER, JAMES P 7449 W GULF TO LAKE HWY SUITE 5 CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ST P</i> <i>EYSTER, James S</i> <i>7449 W GULF TO LAKE HWY SUITE 5</i> <i>CRYSTAL RIVER, 34429</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # _____