2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K54672

1. Entity Name
PELICAN AUTO WASH, INC.

Principal Place of Business	Mailing Address
11370 US HIGHWAY ONE	11370 US HIGHWAY ONE
NORTH PALM BEACH, FL 33408 US	NORTH PALM BEACH, FL 33408 US

DO NOT WRITE IN THIS SPACE

02022007   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0089428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAUSS, DAVID N
11370 US HWY 1
NORTH PALM BEACH, FL 33408

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 _____

000000707369
04/24/07-80071-016 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	V
NAME	KAUSS, DAVID N.
STREET ADDRESS	11370 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	V
NAME	TUSCHEN, LAWRENCE F.
STREET ADDRESS	11370 US HWY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _David N Kauss_ DAVID N. KAUSS 2/7/07 561-622-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #