FOR PROFIT CORPORATION 2013 ANNUAL REPORT

SACRETARY OF STAIL PLYISION OF CORPORATION

2013 APR 30 AM 10: 50

DOCUMENT # P0000000033335 1. Entity Name SILVER PELICAN III, INC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



DO NOT WRITE IN THIS SPACE									
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2930 BAY COLDAY DPIVE 8930 BAY COLDAY DPIVE Suite, Apt, #, etc. /602				CR2E0346 (1/11)					
City & State NAPLES	£1	City & State NAPLES	FL		4. FEI Nun	3629633	3	Applied For Not Applicable	
34108 H	Country FLORIDA USA	34/08	Cour	itry CA		ite of Status Desired		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE NOT PICE Street Aggress (1) # 160 3						7. Name and Address of Current Registered Agent H. WITTKOPP (8.0, Box Number is Not Acceptable) BAY COLONY NOVE COLONY NOVE FL Zio Code 3 4 6 7 8			
	submits this statement for the dagent. A L L L L L L L L L L L L L L L L L L	title if applicable (NOT	I A [E Registered	CH 4-6 Agent signature requi		oth, in the State of Flor	7/14 DATE		
After May 1	, Fee is \$550.00 AR is \$61.25	9. Election Ca Trust Fund		~	5.00 May Be ided to Fees	LWITTKOP! E-mail address to be	Good L Sused for fu	EMAIL · COM uture annual report notice	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND E AY COLONY I EX FL 34108 COPP, HIEBKE BAY COLONY ES FL 34	1 # 1602 \$2/VE # 1602	æ	* :		500256 72/14=516 70 NOI IN THIS	WK	` .	
STREET ADDRESS CITY-SI-ZIP				i					

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 on an attachment with an addrigss, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817/155 F.S.

SIGNATURE: While I will be supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certified in Chapter 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

BAYE Daytime Phone #



Corporations Payments Tools Activity Information

rmcknight ;

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Session

Transaction ID	Description	. Filing Stage
p00000023235-11fa3859-0ff3-4b56 -9c3f-684b1574d01d	Session file for p00000023235 with last modified date of 2/18/2013 2:48:03 PM Eastern Standard Time	PaymentPage ;
p00000023235-fa45e5e8-a96e- 4260-ada3-34ff84b3bfda	Session file for p00000023235 with last modified date of 4/30/2013 10:48:09 AM Eastern Standard Time	Edit

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	, Filing Date
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2012, Corporations Internal Web & by FLDOS Core Dev Team

