

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000030415

Entity Name: PELICAN GROVES, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4644 S.E. BROWN RD.  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

4644 S.E. BROWN RD.  
ARCADIA, FL 34266

**New Mailing Address:**

FEI Number: 59-3633519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALDRON, EUGENE E JR ESQ  
124 N. BREVARD AVE.  
ARCADIA, FL 33821 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: MERCER, CARY M  
Address: 4644 S.E. BROWN RD.  
City-St-Zip: ARCADIA, FL 34266

Title: P  
Name: HOLLINGSWORTH, V.C. JR  
Address: 7385 NW HIGHWAY 70 WEST  
City-St-Zip: ARCADIA, FL 34266

Title: V  
Name: HOLLINGSWORTH, V.C. III  
Address: 8326 NW PINE LEVEL STREET  
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARY M MERCER

ST

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date