


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # P01000033208	
1. Entity Name PELICAN PETROLEUM, INC.	

Principal Place of Business 18895 POND CYPRESS CT. JUPITER, FL 33458	Mailing Address PO BOX 3067 TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1092701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FIELDS, GARY D ADMIRALTY TOWER - SUITE 700 4400 PGA BOULEVARD PALM BEACH GARDENS, FL 33410	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000087146 11/12/04-80052-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SETTLES, ALBERT 18895 POND CYPRESS CT. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SETTLES, CONNIE 18895 POND CYPRESS CT. JUPITER, FL 33458
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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: <u>Louise Settles</u>	<u>Connie Settles</u>	3-9-04	561 575 6125
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>