2004 FOR PROFIT CORPORATION

FILED Apr 16 2004 8:00 am

ANNUAL REPURITAN)				Apr 10, 2004 0.00 am		
DOCUMENT # P01000062819				Secretary of State 04-16-2004 90027 016 ***150.00		
PELICANO CHARTERS, INC.						-
			VE TOO			
í '	ce of Business	Mailing Address		1		
3731 NW 40TH TERRACE, STE. A GAINESVILLE FL 32606		3731 NW 40TH TERRACE, STE. A GAINESVILLE FL 32606		٦.	5403423	7
				E HODRYDDE EEL AMINE MAIL DAIIL I		- EC 1998
2. Principal Place of Business		3. Mailing Address				# ***
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)		
City & State .		City & State		4. FEI Number 59-37337	'an i—i—	plied For
Zip Country		Zip Country			\$9.75 Ad-	t Applicable
			·	5. Certificate of Status Desire	Fee Require	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of Nev	v Registered Agent	
REYES, ANGEL 1 III			Street Address	(P.O. Box Number is Not Accepte	able)	
3731 NW 40TH TERRACE, STE GAINESVILLE FL 32606		Α	Siredividuress	T.O. BOX Hamber to Hot Nesspie		
	^	,				
	~ 1		City		FL Zip Cod	
	e named entity submits this statement to ations of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of	Florida. I am familiar with,	and accept
}	1 Klst	Warm				
SIGNATURE		and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE	
	FILE NOW!!! FEE IS \$150.00			9. Election Campaign	Financing \$5.0	O May Be
The State of State of Contract of State	er May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of	State		Trust Fund Contrib	++	to Fees
10.	OFFICERS AND	3.5 to 3.754	11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTOR	S IN 11
TITLE	PENTS ANGELLIN	☐ Delete	TITLE		Change	Addition
NAME STREET ADDRESS	REYES, ANGEL I IV 3731 NW 40TH TERRACE, STE. A		NAME STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP			
TITLE NAME	VST	☐ Delete	TITLE NAME		☐ Change	Addition
STREET ADDRESS	REYES, ANGEL I III 3731 NW 40TH TERRACE, STE. A		STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606	_ 	CITY-ST-ZIP			
TITLE	and Mark the contraction of the Section of the contraction of the cont	☐ Delete	TITLE		Change	Addition
STREET ADDRESS	;		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		F1 01	- Address
TITLE NAME		☐ Delete	TITLE NAME		Change	☐ Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		☐ Change	☐ Addition
NAME		□ £elete	NAME		L. Orlange	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		□ Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP		4	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 exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 RINTYD NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #