
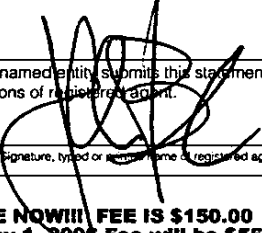
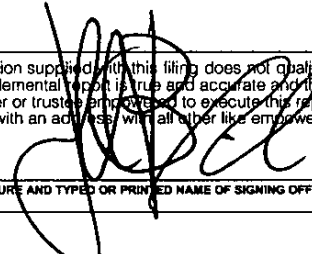


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90088 007 ***150.00

DOCUMENT # P02000007766					
1. Entity Name THE PELICAN PUB OF ST. PETE, INC					
Principal Place of Business 220 FIRST AVE NORTH ST. PETERSBURG, FL 33701			Mailing Address 220 FIRST AVE NORTH ST. PETERSBURG, FL 33701		
2. Principal Place of Business 18 2nd St. N		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State		4. FEI Number 30-0029504	
Zip 33701		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BODZIAK, JOHN C 220 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BODZIAK, JOHN C STREET ADDRESS 220 FIRST AVE NORTH CITY - ST - ZIP ST PETERSBURG, FL 33704	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #