


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P05000074501 1. Entity Name CLERMONT PELICAN II, INC. |  |
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| Principal Place of Business 677 W HWY 50 CLERMONT, FL 34711-2913 958 Bloomington CT OCOE, FL 34761 | Mailing Address 677 W HWY 50 CLERMONT, FL 34711-2913 958 Bloomington CT OCOE, FL 34761 |
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05222007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 37-1488366 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent HENRY, VIVIANNE 958 BLOOMINGTON CT OCOE, FL 34761 |
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IN THIS SPACE**

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| 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 <u><i>Henry</i></u> DATE <u>7/30/07</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |
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**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MARSHALL, ANTHONY 958 BLOOMINGTON CT OCOE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V HENRY, VIVIANNE 958 BLOOMINGTON CT OCOE, FL 34761 |
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08/20/07-80005-020 150.00

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| 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: <u><i>Henry</i></u> DATE <u>7/30/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small> |
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