

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90060 027 ***158.75

DOCUMENT # P05000115112

1. Entity Name
PELICAN AUTOMOTIVE SERVICES, INC.



Principal Place of Business
3957 -1 EDWARD ST
FORT MYERS, FL 33916

Mailing Address
3957 -1 EDWARD ST
FORT MYERS, FL 33916

40053398



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-3347126

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, WILLIAM R
601 SE 1ST TERR
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name Fernando Pena
Street Address (P.O. Box Number is Not Acceptable)
4628 SW 15th Ave
City Cape Coral FL Zip Code 33914

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/4/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PENA, FERNANDO R	
STREET ADDRESS	4628 SW 15TH AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEDINA, WILLIAM R	
STREET ADDRESS	601 SE 1ST TERR	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 lines empowered.

SIGNATURE:

Fernando Pena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/3/07 239-980-1568
Date Daytime Phone #