

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079274

Entity Name: OLD PELICAN, INC.

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

515 NE 101 ST.
MIAMI SHORES, FL 33138

New Principal Place of Business:

11378 NIGHT HERON DRIVE
NAPLES, FL 34119

Current Mailing Address:

515 NE 101 ST.
MIAMI SHORES, FL 33138

New Mailing Address:

11378 NIGHT HERON DRIVE
NAPLES, FL 34119

FEI Number: 26-0621899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTSON, ROBERT W
11378 NIGHT HERON DR.
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATTSON, ROBERT W
Address: 11378 NIGHT HERON DR.
City-St-Zip: NAPLES, FL 34119

Title: VD () Delete
Name: MATTSON, JENNIFER
Address: 1755 JEFFERSON AVE.
City-St-Zip: ST. PAUL, MN 55105

Title: DST () Delete
Name: MOSTER, KIBERLY M
Address: 968 FARMINGTON AVE.
City-St-Zip: W. HARTFORD, CT 06107

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: MOSTER, KIMBERLY M
Address: 968 FARMINGTON AVE.
City-St-Zip: W. HARTFORD, CT 06107

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. MATTSON

PD

07/08/2008

Electronic Signature of Signing Officer or Director

Date