## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000093496

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MILTON, FL 32570

SOREL, ROBERT T

4740 SAUFLEY FIELD RD.

PENSACOLA, FL 32526 US

() Delete

FILED Apr 16, 2009 Secretary of State

Entity Nar	ne: PELICAN (	CONSTRUCTION SERVICES,	INC.			
Current Principal Place of Business:			New Principal Place of Business:			
	SACOLA BLVD. DLA, FL 32505	US				
Current Mailing Address:			New Mailing Address:			
	SACOLA BLVD. DLA, FL 32505	US				
FEI Number:	26-0760373	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desi	red ( )
Name and	Address of Cu	rrent Registered Agent:	Name and Address of New Registered Agent:			
PENSACC	FLEY FIELD RD DLA, FL 32526	US	urnaca of shamaing i	to registered	office or registered agents	t or both
	named entity st e of Florida.	ıbmits this statement for the pu	irpose of changing i	ts registerea	oπice or registered agen	t, or both,
SIGNATUF						
	Electronic	Signature of Registered Ager	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ()E MIKESKA, JOHNI 6522 WILLOW T MILTON, FL 325	REE CT	Title: Name: Address: City-St-Zip:	P ( OOMESH, PA 7194 PENSAG PENSACOLA	COLA BLVD	
Title: Name: Address: City-St-Zip:	VP () E CAVEN, CHRISTO 6522 WILLOW T MILTON, FL 325	REE CT	Title: Name: Address: City-St-Zip:	VP ( VIKRAM, PAR 7194 PENSAC PENSACOLA	COLA BLVD	
Title: Name: Address:	S () E POISTER, JOHN 6497 WILLOW T	Delete	Title: Name:	S ( OOMESH, PA		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PENSACOLA, FL 32505

() Change () Addition

SIGNATURE: VIKRAM PARSHOTAM VΡ 04/16/2009