

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000026839

1. Entity Name

PELICAN PIER PARTNERS CORP.



Principal Place of Business

303 NINTH STREET WEST
SUITE 201
BRADENTON, FL 34205 US

Mailing Address

303 NINTH STREET WEST
SUITE 201
BRADENTON, FL 34205 US

FILED
Apr 10, 2007 08:00 A
Secretary of State



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0407569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUMMERS, STEVE E
303 NINTH STREET WEST
SUITE 201
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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)

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

TITLE PD
NAME GRAVELY, JEFFREY D
STREET ADDRESS 303 NINTH STREET WEST, SUITE 201
CITY-ST-ZIP BRADENTON, FL 34205

TITLE VSD
NAME SUMMERS, STEVE E
STREET ADDRESS 303 NINTH STREET WEST, SUITE 201
CITY-ST-ZIP BRADENTON, FL 34205

TITLE VTD
NAME BUSKIRK, FRANK A
STREET ADDRESS 303 NINTH STREET WEST, SUITE 201
CITY-ST-ZIP BRADENTON, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #