2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90031 043 ***150.00

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1. Entity Name
PELICAN BUILDING CONTRACTING, INC.

Principal Place of Business	Mailing Address
3411 W FLETCHER AVE A TAMPA, FL 33618 US	3411 W FLETCHER AVE A TAMPA, FL 33618 US

07012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
9426 Lazy Lane		9426 Lazy Lane	
Suite, Apt. #, etc. Suite 105		Suite, Apt. #, etc. Suite 105	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33614	Country USA	Zip 33614	Country USA

4. FEI Number 59-3217523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCFADDEN, EDWARD C 304 PLANT AVE TAMPA, FL 33606	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	DP	☐ Change ☐ Addition
NAME	COLEMAN, DANIEL L		NAME	COLEMAN, DANIEL L.	
STREET ADDRESS	13704 WILKES DR		STREET ADDRESS	15920 WYNDOVER RD.	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☐ Addition
NAME	COLEMAN, LORI		NAME	COLEMAN, LORI	
STREET ADDRESS	13704 WILKES DR		STREET ADDRESS	15920 WYNDOVER RD.	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] DANIEL L. COLEMAN 7-7-04 813-265-9765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #