

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031351

FILED
Jan 03, 2008
Secretary of State

Entity Name: PELICAN INSURANCE AGENCY, INC.

Current Principal Place of Business:

6950 CYPRESS RD.
#208-7
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

6950 CYPRESS RD.
#208-7
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0482903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKS, SAM
13755 CARLTON DRIVE
DAVIE, FL 33330 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JACKS, SMAUEL
Address: 13755 CARLTON DR.
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: VP () Delete
Name: JACKS, KARRIE
Address: 13755 CARLTON DR.
City-St-Zip: FORT LAUDERDALE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JACKS, SAMUEL
Address: 13755 CARLTON DR.
City-St-Zip: FORT LAUDERDALE, FL 33330

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

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: SAM JACKS

PRES

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date