


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000009524**  
1. Entity Name  
THE PELICAN CLUB OF PALM BEACH, INC.



Principal Place of Business: 255 S. COUNTY RD. PALM BEACH, FL 33480  
Mailing Address: P.O. BOX 2707 PALM BEACH, FL 33480 US

**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0651416 Applied For:  Not Applied:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FHS CORPORATE SERVICES INC.  
11780 U.S. HIGHWAY ONE  
SUITE 300  
N PALM BEACH, FL 33408

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
100000129373  
04/26/04-80075-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REYNOLDS, WILEY III 255 SOUTH COUNTY RD. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GREY, JAMES C 28 AVENUE EDOUARD ROD 1006 LAUSANNE, SW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:   
Date: 4/22/04 Daytime Phone #: 71944788