


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**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**



03152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0651416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000004574  
 05/01/08-80018-009 150.00

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	

**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: Wiley R. Reynolds 4-15-08 561-659-7900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #