

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000040913

1. Entity Name
CHAN'S PELICAN MARKET, INC.



Principal Place of Business
**1002 HWY 98 E
DESTIN, FL 32541 US**

Mailing Address
**P O BOX 17129
PENSACOLA, FL 32522 US**

DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3445495** Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**ADAMS, JAMES F
970 HIGHWAY 98 EAST
STE 106
DESTIN, FL 32541**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **COX, CHAN**
STREET ADDRESS **812 SPANISH MOSS TRAIL**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **P**
NAME **ADAMS, JAMES F**
STREET ADDRESS **P O BOX 216 N/A**
CITY-ST-ZIP **DESTIN, FL 32540**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**U00000494619
04/20/06-80052-018 150.00**

**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

**JAMES
ADAMS**

3/30/06 850-837-3145

Date

Daytime Phone #