2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000068612

1. Entity Name
PELICAN PROPERTIES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
SAMUEL S FORMAN	SAMUEL S FORMAN
7553 ADVENTURE AVENUE	7553 ADVENTURE AVENUE
N BAY VILLAGE, FL 33140	N BAY VILLAGE, FL 33140

DO NOT WRITE IN THIS SPACE

01112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0620458	Not Applicable

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

6. Name and Address of Current Registered Agent

FORMAN, SAMUEL S
7553 ADVENTURE AVENUE
N BAY VILLAGE, FL 33140

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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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000648969 03/07/07-80030-015 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PSTD
NAME	FORMAN, SAMUEL S
STREET ADDRESS	7553 ADVENTURE AVE
CITY-ST-ZIP	N BAY VILLAGE, FL 33140
TITLE	VP
NAME	FORMAN, RONNIE L
STREET ADDRESS	7553 ADVENTURE AVENUE
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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: _____   2/20/07   305-691-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #