2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# P97000068612

Entity Name: PELICAN PROPERTIES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

SAMUEL S FORMAN
7553 ADVENTURE AVENUE
N BAY VILLAGE, FL 33141

Current Mailing Address:

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

New Mailing Address:

SAMUEL S FORMAN
7553 ADVENTURE AVENUE
N BAY VILLAGE, FL 33141

FEI Number: 65-0620458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FORMAN, SAMUEL S
7553 ADVENTURE AVENUE
N BAY VILLAGE, FL 33141 US

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: _____ 04/06/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: FORMAN, SAMUEL S
Address: 7553 ADVENTURE AVE
City-St-Zip: N BAY VILLAGE, FL 33140

Title: VP ( ) Delete
Name: FORMAN, RONNIE L
Address: 7553 ADVENTURE AVENUE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: FORMAN, SAMUEL S
Address: 7553 ADVENTURE AVE
City-St-Zip: N BAY VILLAGE, FL 33141

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: SAMUEL S. FORMAN PSTD 04/06/2009
Electronic Signature of Signing Officer or Director — Date