


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90017 007 ***158.75

DOCUMENT # P99000006701	
1. Entity Name PELICAN ENTERPRISES TEAM, INC.	

Principal Place of Business 917 PELICAN BAY DR. DAYTONA BCH FL 32119-1363	Mailing Address 917 PELICAN BAY DR. DAYTONA BCH FL 32119-1363
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2. Principal Place of Business 4 OCEANS W. Blvd Suite, Apt. #, etc. 204 B City & State DAYTONA BEACH SHORES FL Zip 32118 Country U.S.	3. Mailing Address 4 OCEANS W. Blvd. Suite, Apt. #, etc. 204 B City & State DAYTONA BEACH SHORES, FL Zip 32118 Country U.S.
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent WILLIAMS, STANLEY G 917 PELICAN BAY DR. DAYTONA BCH FL 32119-1363	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4 OCEANS W. Blvd. 204 B City DAYTONA BEACH SHORES FL Zip Code 32118
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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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, STANLEY G 917 PELICAN BAY DR. DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 OCEANS W. Blvd 204 B DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, CANDACE 11527 ROYALSHIRE DR. DALLAS TX 75230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, MS KAREN 11113 SHADY BROOK DR TAMPA FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stanley G. Williams **2/4/04** **386-7600192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #