

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000083526**

1. Entity Name  
**PELICAN FOODS OF GAINESVILLE, INC.**



Principal Place of Business  
**1266 S PINELLAS AVE  
TARPON SPRINGS, FL 34689**

Mailing Address  
**1266 S PINELLAS AVE  
TARPON SPRINGS, FL 34689**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3609283**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOSEPH, JUSTIN G  
1266 S PINELLAS AVE  
TARPON SPRINGS, FL 34689**

**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 fee code.

NOTE: Registered Agent signature required when no state fee.

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**P  
FRAGALE, JOHN C  
1671 SAND HOLLOW LANE  
PALM HARBOR, FL 34683**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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CITY ST ZIP

000000164512  
07/08/04-80011-022 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

DATE

DELETED PHONE #