

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085832

Entity Name: PELICAN BEND III, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

219 CAPRI BOULEVARD
ISLE OF CAPRI
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

219 CAPRI BOULEVARD
ISLE OF CAPRI
NAPLES, FL 34113

New Mailing Address:

FEI Number: 59-3601778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOPER, VERNON L JR.
219 CAPRI BOULEVARD
ISLE OF CAPRI
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

KRAMER, WILLIAM D
3721 RUNNING DEER
SEBRING, FL 33872 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: WILLIAM D. KRAMER

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: COOPER, V.L. J.R.
Address: 219 CAPRI BLVD
City-St-Zip: ISLES OF CAPRI, FL 34113

Title: DT () Delete
Name: COOPER, ANNA L
Address: 219 CAPRI BLVD
City-St-Zip: NAPLES, FL 34113

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COOPER, ANNA. L
Address: 219 CAPRI BLVD
City-St-Zip: NAPLES, FL 34113

Title: T (X) Change () Addition
Name: COOPER, MICHAEL V
Address: 219 CAPRI BLVD
City-St-Zip: NAPLES, FL 34113

Title: S () Change (X) Addition
Name: COOPER, MITCHELL B
Address: 219 CAPRI BLVD
City-St-Zip: NAPLES, FL 34113

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: ANNA L. COOPER

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date