## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 10, 2007 08:00 AM **DOCUMENT # 507877** Secretary of State PELICAN SWIM N' PLAY, INC. Principal Place of Business Mailing Address 7040 DEL LAGO DR 7040 DEL LAGO DR SARASOTA, FL 34238 SARASOTA, FL 34238 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1687966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WATERS, J. ALLEN DO NOT WRITE 7040 DEL LAGO DR SARASOTA, FL 34238 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 title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WATERS, J. ALLEN 7040 DEL LAGO DR. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL. 34238 000000580790 01/10/07-80062-009 150.00 SVD WATERS, BRENDA S. NAME STREET ADDRESS 7040 DEL LAGO DR. CITY-ST-ZIP SARASOTA, FL 34238 TITLE STREET ADDRESS DO NOT WRITE City-St-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

J. AllEN WATERS

4/07 941-925-103

**FILED**