


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90178 035 \*\*\*\*61.25

<b>DOCUMENT # N04000011698</b>	
1. Entity Name PELICAN FLIGHT OWNERS ASSOCIATION, INC.	

Principal Place of Business 404 JENKS AVE PANAMA CITY, FL 32401	Mailing Address 404 JENKS AVE PANAMA CITY, FL 32401
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40066040

2. Principal Place of Business 941 Lighthouse Lagoon CT Suite, Apt. #, etc.	3. Mailing Address 941 Lighthouse Lagoon CT Suite, Apt. #, etc.
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City & State Panama City Beach, FL	City & State Panama City Beach, FL
Zip 32407	Zip 32407
Country USA	Country USA

04182006 Chg-NP CR2E037 (11/05)

8. Name and Address of Current Registered Agent GIOIELLO, JOHN L 404 JENKS AVE PANAMA CITY, FL 32401	
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4. FEI Number APPLIED FOR 06-1753942	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Deborah Davis Street Address (P.O. Box Number is Not Acceptable) 941 Lighthouse Lagoon CT City Panama City Beach FL Zip Code 32407	
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 <i>Deborah Davis</i>	DATE 4-18-06

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DEBBIE 404 JENKS AVE PANAMA CITY, FL 32401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DAVIS, JERRY G 404 JENKS AVE PANAMA CITY, FL 32401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Deborah Davis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 941 Lighthouse Lagoon CT Panama City Beach, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerry G. Davis VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 941 Lighthouse Lagoon CT Panama City Beach, FL 32407
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 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 617, 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: <i>Deborah Davis</i>	DATE: 4-18-06	DAYTIME PHONE: 850-819-7606
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