

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075217

FILED
Feb 20, 2006
Secretary of State

Entity Name: PELICAN REAL ESTATE & DEVELOPMENT WEST, INC.

Current Principal Place of Business:

12385 SORRENTO RD
SUITE A-2
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

4039 E CO. HWY 30-A
SEAGROVE BEACH, FL 32459

New Mailing Address:

FEI Number: 54-2067089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDA S HOLLEY
543 HARBOUR BLVD
DESTIN, FL 32507 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, WILLIAM H
Address: 449 WATERVIEW COVE
City-St-Zip: FREEPORT, FL 32439

Title: VPD () Delete
Name: BASS, THEREFA M
Address: 1654 KAUAI COURT
City-St-Zip: GULF BREEZE, FL 32563

Title: SD () Delete
Name: BASS, MICHAEL T
Address: 628 BAY CLIFFS ROAD
City-St-Zip: PENSACOLA, FL 32563

Title: TD () Delete
Name: WILLIAMS, THOMAS E II
Address: PMB#170, 5399 E. COUNTY HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM H SMITH

PD

02/20/2006

Electronic Signature of Signing Officer or Director

Date