

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000010753

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: PELICAN POOL CARE OF SOUTHWEST FLORIDA, INC.

## Current Principal Place of Business:

28630 NOTH DIESEL DRIVE  
BONITA SPRINGS, FL 34135 U

## New Principal Place of Business:

28630 NORTH DIESEL DRIVE  
BONITA SPRINGS, FL 34135 U

## Current Mailing Address:

28630 NOTH DIESEL DRIVE  
BONITA SPRINGS, FL 34135 U

## New Mailing Address:

P O BOX 1508  
BONITA SPRINGS, FL 34133 U

FEI Number: 06-1673699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOTTE, KEVIN R ESQ  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

BLUME, CRAIG D ESQ  
800 HARBOUR DR  
SUITE 5  
NAPLES, FL 34103 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: CRAIG D BLUME ESQ

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete  
Name: LOCASCIO, DIANE  
Address: 28630 NORTH DIESEL DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P ( ) Delete  
Name: ROSS, MATT  
Address: 28630 NORTH DIESEL DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: MATHEW L ROSS

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date