

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/21

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90029 011 \*\*\*150.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P04000060182</b>  |   |   |   |   |  |
| <b>1. Entity Name</b><br>PELICAN HOUSING SERVICES, INC  |   |   |   |   |  |
| <b>Principal Place of Business</b><br>2894 WEST BAY DRIVE<br>BELLEAIR BLUFFS, FL 33770 US   |   |   | <b>Mailing Address</b><br>2894 WEST BAY DRIVE<br>BELLEAIR BLUFFS, FL 33770 US         |   |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   |   |  |
| Zip   | Country   | Zip   | Country   | 02092008    Chg-P    CR2E034 (11/05)  |  |
| <b>4. FEI Number</b><br>20-0977640  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |   | <b>7. Name and Address of New Registered Agent</b>                                    |   |  |
| BORDA, JOSEPH R<br>1170 GULF BLVD<br>210 W<br>CLEARWATER, FL 33767  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| <b>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.</b>  |   |   |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering) <b>DATE</b> _____  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>   |   | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                          |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | P/S<br>BORDA, JOSEPH R<br>1170 GULF BLVD #210 W<br>CLEARWATER, FL 33767 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>            | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete   |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
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| <b>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 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.</b> |   |   |   |   |  |
| <b>SIGNATURE:</b> _____ (Signature and typed or printed name of signing officer or director) <b>Date</b> _____ <b>Daytime Phone #</b> _____   |   |   |   |   |  |



ATTACHMENT

66004949

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

PELICAN HOUSING SERVICES, INC  
2894 WEST BAY DRIVE  
BELLEAIR BLUFFS, FL 33770 US

Subject: **PELICAN HOUSING SERVICES, INC**

Reference Number: **P04000060182**

~~Please be advised,~~ we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM

ANNUAL REPORTS SECTION