

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064193

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: PELICAN BUILDING CONTRACTING, INC.

## Current Principal Place of Business:

9426 LAZY LANE  
STE 105  
TAMPA, FL 33614 US

## New Principal Place of Business:

## Current Mailing Address:

9426 LAZY LANE  
STE 105  
TAMPA, FL 33614 US

## New Mailing Address:

FEI Number: 59-3217528      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCFADDEN, EDWARD C  
304 PLANT AVE  
TAMPA, FL 33606 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: DP ( ) Delete  
Name: COLEMAN, DANIEL L  
Address: 15920 WYNDOVER RD  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: COLEMAN, LORI  
Address: 15920 WYNDOVER RD  
City-St-Zip: TAMPA, FL 33647

## 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 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: DANIEL L COLEMAN

DP

01/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date