

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000048552

1. Entity Name

PELICAN HARBOR MARINA, INC.



Principal Place of Business

4220 DIXIE HIGHWAY N.E.
PALM BAY, FL 32905

Mailing Address

7185 S. HWY A1A
MELBOURNE BEACH, FL 32951



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3458659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EVERETT, RITA C CPA
200 RIVERSIDE DRIVE
MELBOURNE BEACH, FL 32951

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CONTI, FRANCIS A
STREET ADDRESS 7185 S. HWY A1A
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE VP
NAME CONTI, PATRICIA
STREET ADDRESS 7185 S. HWY A1A
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE
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STREET ADDRESS
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05/15/06-80023-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Francis A. Conti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

4/28/06

Date

321-956 0960

Daytime Phone #