

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101652

FILED
Feb 02, 2006
Secretary of State

Entity Name: PELICAN PLUMBING OF THE KEYS, INC,

Current Principal Place of Business:

10937 OVERSEAS HWY
MARATHON, FL 33050 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522787
MARATHON SHORES, FL 33052 US

New Mailing Address:

FEI Number: 65-0798798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROBERT ESQ
C/O CUNNINGHAM MILLER HEFFERNAN ET.AL
2975 O/S HWY
MARATHON, FL 33050 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: OSBORNE, TIMOTHY P
Address: 11555 6TH AVE OCEAN
City-St-Zip: MARATHON, FL 33050

Title: ST () Delete
Name: OSBORNE, DIANE L.
Address: 11555 6TH AVE OCEAN
City-St-Zip: MARATHON, FL 33050

Title: VP () Delete
Name: OSBORNE, JASON M
Address: 11555 6TH AVE- OCEAN
City-St-Zip: MARATHON, FL 33050

Title: AV () Delete
Name: MORING, CHRIS
Address: 831 2ND AVE., GULF
City-St-Zip: MARATHON, FL 33050

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: DIANE L. OSBORNE

ST

02/02/2006

Electronic Signature of Signing Officer or Director

Date