2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101652

MORING, CHRIS

831 2ND AVE., GULF

MARATHON, FL 33050

Name:

Address:

City-St-Zip:

FILED Feb 15, 2007 Secretary of State

Entity Nan	ne: PELIC	AN PLUMBIN	G OF THE KEYS	, INC,				
Current Pi	Current Principal Place of Business:				New Principal Place of Business:			
10937 OVE MARATHO								
Current Mailing Address:				New Mailing Address:				
P.O. BOX & MARATHO		S, FL 33052	US					
FEI Number:	65-0798798	FEI Numb	per Applied For ()	FEI Number No	ot Applicable ()	Certific	ate of Status D	Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
MILLER, R C/O CUNN 2975 O/S H MARATHO	IINGHAM N HWY	IILLER HEFF	ERNAN ET.AL					
The above in the State		ity submits thi	s statement for the	e purpose of chan	ging its register	ed office or	registered ag	gent, or both,
SIGNATUR	RE:							
	Elect	ronic Signatu	re of Registered A	gent			Date	
Election Can	npaign Finan	cing Trust Fund	d Contribution ().					
OFFICERS AND DIRECTORS:				ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	11555 6TH	() Delete TIMOTHY P AVE OCEAN I, FL 33050		Title: Name: Addres City-S		()Change	() Addition	
Title: Name: Address: City-St-Zip:		() Delete DIANE L. AVE OCEAN I, FL 33050		Title: Name: Addres City-S		() Change	() Addition	
Title: Name: Address: City-St-Zip:		() Delete JASON M AVE- OCEAN I, FL 33050		Title: Name: Addres City-S	s: 10701 1S	(X) Change N, MELISSA L T. AVE. GULF DN, FL 33050	() Addition	
Title:	AV	() Delete		Title:	AV	(X) Change	() Addition	

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.

Name:

Address:

City-St-Zip:

KOOPMAN, MICHAEL

10701 1ST. AVE. GULF

MARATHON, FL 33050

SIGNATURE: TIMOTHY P. OSBORNE PD 02/15/2007