# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 05, 2006 8:00 am**
**Secretary of State**
05-05-2006 90191 007 ***150.00

DOCUMENT # P98000077167

1. Entity Name
PELICAN BAY SERVICES, INC.

J00137444

| Principal Place of Business | Mailing Address |
|---|---|
| 2519 MCMULLEN BOOTH<br>SUITE 510 PMB 247<br>CLEARWATER, FL 33761 | 2519 MCMULLEN BOOTH<br>SUITE 510 PMB 247<br>CLEARWATER, FL 33761 |

04212006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number
59-3531249
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BOLEK, RICHARD A<br>1992 BONNIE COURT<br>DUNEDIN, FL 34698 | Name<br>Street Address (P.O. Box Number is Not Acceptable) 6137 ROCK ROSE AVE<br>City NEW PORT RICHEY FL Zip Code 34655 |

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 Richard A Bolek Richard A. Bolek 4/21/06
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SHECKLES, JEFFREY<br>1908 HAMMER PINE BLVD<br>CLEARWATER, FL 33761 | ☐ Delete | PD<br>JEFF SHECKLES<br>1908 HAMMER PINE BLVD.<br>CLEARWATER, FL 33761 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** 4-28-07 813-924-9094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #