


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000045026		
1. Entity Name PELICAN REEF CLAMS, INC.		
Principal Place of Business 12350 GULF BLVD CEDAR KEY, FL 32625		Mailing Address P.O. BOX 626 CEDAR KEY, FL 32625
DO NOT WRITE IN THIS SPACE		
		 04192006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3579086 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SANDERS, FAYE CPA SHARON C BRANNAN CPA PA 161 N MAIN STREET WILLISTON, FL 32696		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees UNPROCESSED 05/16/06-80049-022 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MILSTEN, DAVID E 1303 DOLPHIN STREET ORANGE PARK, FL 320733541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILSTEN, LILLIAN L 1303 DOLPHIN STREET ORANGE PARK, FL 320733541	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>David E Milsten</u> DAVID E MILSTEN <u>AM 27 2006</u> <u>904 269 2651</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		