


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**


02-14-2006 90003 023 \*\*\*158.75

DOCUMENT # V34497	
1. Entity Name PELICAN PLUMBING OF BREVARD, INC.	

Principal Place of Business 465 STAN DR STE A MELBOURNE, FL 32904 US	Mailing Address 937 WHISPEROAK DR. MELBOURNE, FL 32901-8134 US
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**DO NOT WRITE IN THIS SPACE**

60015278



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3120200	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK  
930 S HARBOR CITY BLVD  
SUITE 505  
MELBOURNE, FL 32901

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MAZZEO, VINCENT R. 937 WHISPEROAK DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MAZZEO, SUSAN M. 937 WHISPEROAK DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: W. Mazzio - Pres Date: 2-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #