

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H15870

FILED  
Sep 06, 2006  
Secretary of State

Entity Name: PEQUOT CAPITAL SOUTH, INC.

## Current Principal Place of Business:

C/O PHIL AVALLON  
P.O. BOX 703  
WESTPORT, CT 06881 US

## New Principal Place of Business:

## Current Mailing Address:

1300 POST RD EAST  
WESTPORT, CT 06880 US

## New Mailing Address:

FEI Number: 58-1597977      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACARI, JOHN A  
C/O GULF SHORE ASSOCIATES  
801 LAUREL OAK DR  
NAPLES, FL 34108 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: C ( ) Delete  
Name: KELBAN, ALBERT J  
Address: 2425 POST ROAD  
City-St-Zip: SOUTHPORT, CT

Title: V ( ) Delete  
Name: DARDANI, THOMAS E  
Address: 2425 POST ROAD  
City-St-Zip: SOUTHPORT, CT

Title: S ( ) Delete  
Name: SAMOR, ALEXANDER W  
Address: 2425 POST ROAD  
City-St-Zip: SOUTHPORT, CT

Title: PT ( ) Delete  
Name: SAFT, STEPHEN J  
Address: 2425 POST ROAD  
City-St-Zip: SOUTHPORT, CT

## 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: ALBERT J. KELBAN

PRES

09/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date