


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # H29490</b> 1. Entity Name <b>PELAM INVESTMENTS, INC.</b>	
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Principal Place of Business <b>1 BEACH DRIVE SE SUITE 305 ST. PETERSBURG, FL 33701-953 US</b>	Mailing Address <b>1 BEACH DRIVE SE SUITE 305 ST. PETERSBURG, FL 33701-953 US</b>
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01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2469766</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>STAVROS, GUS A. 1 BEACH DRIVE SE SUITE 305 ST. PETERSBURG, FL 33701</b>
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**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 reissuing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

100000408892  
02/08/06-80078-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAVROS, FRANCES L. 1 BEACH DRIVE SE, SUITE 305 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STAVROS, GUS A. 1 BEACH DRIVE SE, SUITE 305 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAVROS, MARK D. 1 BEACH DRIVE SE, SUITE 305 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAVROS, ELLEN C. 1 BEACH DRIVE SE, SUITE 305 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S STAVROS, PAUL B. 1 BEACH DRIVE SE, SUITE 305 ST. PETERSBURG, FL
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: Gus A. Stavros Pres 1-25-06 727-822-4848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #