
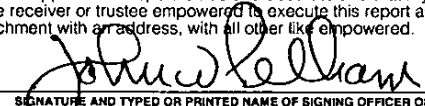


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # K98689</b> 1. Entity Name <b>PELCO PROPERTIES, INC.</b>						<div style="font-size: 1.2em;">FILED</div> <div style="font-size: 1.1em;">05 JUN 30 PM 2:53</div> <div style="font-size: 0.8em;">TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>6411 STONE ST. TR.</b> <b>TALLAHASSEE, FL <del>32308</del> 32309</b> US				Mailing Address <b>6411 STONE ST. TR.</b> <b>TALLAHASSEE, FL 32308</b> US			
2. Principal Place of Business		3. Mailing Address				06302005    Chg-P    CR2E034 (10/03) <b>05</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>59-2956439</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> 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				7. Name and Address of New Registered Agent			
<b>PELHAM, JOHN W</b> <b>6411 STONE ST. TR.</b> <b>TALLAHASSEE, FL <del>32308</del> 32309</b>				Name		Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
				Street Address (P.O. Box Number is Not Acceptable)			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PELHAM, JOHN W</b> <b>6411 STONE ST. TR.</b> <b>TALLAHASSEE, FL <del>32308</del> 32309</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; text-align: center;">000057345120</div> <div style="font-size: 1.1em; text-align: center;">07/12/05--01035--011    **150.00</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PELHAM, PRISCILLA S</b> <b>6411 STONE ST TRAIL</b> <b>TALLAHASSEE, FL <del>32308</del> 32309</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.							
<b>SIGNATURE:</b> 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	