


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000098277 1. Entity Name THE PENINSULA LAND CO.	
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Principal Place of Business 4611 TENNYSON AVENUE TAMPA, FL 33629	Mailing Address 4611 TENNYSON AVENUE TAMPA, FL 33629
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3679078	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  GRANDOFF, JOHN B III 101 EAST KENNEDY BLVD. SUITE 3700 TAMPA, FL 33602
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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: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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	PSTD GRANDOFF, JOHN B 4611 TENNYSON AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANDOFF, KIMBERLY 4611 TENNYSON AVE TAMPA, FL 33629
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05/22/07-80022-001 150.00

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 my address, with all other like empowered.

SIGNATURE: John B. Grandoff III President John B. Grandoff III 4/24/07 813-227-8445  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #