

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000516

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: PENINSULA LOGISTICS, INC.

## Current Principal Place of Business:

31545 CR 437  
SORRENTO, FL 32776

## New Principal Place of Business:

## Current Mailing Address:

31545 CR 437  
SORRENTO, FL 32776

## New Mailing Address:

P.O. BOX 1359  
SORRENTO, FL 32776

FEI Number: 41-2120506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOSSETT, DUANE  
31545 CR 437  
SORRENTO, FL 32776 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: D ( ) Delete  
Name: GOSSETT, DUANE  
Address: 31545 CR 437  
City-St-Zip: SORRENTO, FL 32776

Title: D ( ) Delete  
Name: GOSSETT, JOYCE M  
Address: 31545 CR 437  
City-St-Zip: SORRENTO, FL 32776

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GOSSETT, DUANE PRES  
Address: 31545 CR 437  
City-St-Zip: SORRENTO, FL 32776

Title: DST (X) Change ( ) Addition  
Name: GOSSETT, JOYCE M SEC/TRE  
Address: 31545 CR 437  
City-St-Zip: SORRENTO, FL 32776

Title: VP ( ) Change (X) Addition  
Name: ROWE, MICHAEL S V/P  
Address: 682 LAKE DOE BOULEVARD  
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Change (X) Addition  
Name: GOSSETT, WADE A V/P  
Address: 1925 PRECIOUS CIRCLE  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL S. ROWE

VP

01/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date