

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000516

Entity Name: PENINSULA LOGISTICS, INC.

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

31545 CR 437
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1359
SORRENTO, FL 32776

New Mailing Address:

31545 COUNTY RD 437
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: DP () Delete
Name: GOSSETT, DUANE PRES
Address: 31545 CR 437
City-St-Zip: SORRENTO, FL 32776

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: GOSSETT, JOYCE M SEC/TRE
Address: 1695 GOLF GARDEN WAY
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GOSSETT, WADE A V/P
Address: 6042 TREMAYNE DR
City-St-Zip: MT. DORA, FL 32757

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: JOYCE GOSSETT

S/T

04/04/2007

Electronic Signature of Signing Officer or Director

_____ Date