

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90116 046 \*\*\*558.75

**DOCUMENT # 398388**

1. Entity Name  
**PENINSULA DESIGN AND ENGINEERING, INC.**



Principal Place of Business  
**217 HOBBS STREET  
SUITE 101  
TAMPA, FL 33619**

Mailing Address  
**217 HOBBS STREET  
SUITE 101  
TAMPA, FL 33619**

**54071876**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-1374847**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ED SAVITZ  
220 S. FRANKLIN ST.  
TAMPA, FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE TS ☒ Delete  
NAME GILBERT, JOHN I JR  
STREET ADDRESS 217 HOBBS ST STE 101  
CITY- ST- ZIP TAMPA, FL 33619

TITLE P ☐ Delete  
NAME WHITMAN, ROBERT L  
STREET ADDRESS 217 HOBBS ST, STE. 101  
CITY- ST- ZIP TAMPA, FL 33619

TITLE VP ☒ Delete  
NAME CERRATO, JOHN D  
STREET ADDRESS 217 HOBBS ST, STE. 101  
CITY- ST- ZIP TAMPA, FL 33619

TITLE AS ☐ Delete  
NAME RUTLAND, MARGARET P  
STREET ADDRESS 217 HOBBS ST, STE. 101  
CITY- ST- ZIP TAMPA, FL 33619

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition  
NAME Wells, Brian  
STREET ADDRESS 217 Hobbs St., Suite 101  
CITY- ST- ZIP Tampa, FL 33619

TITLE P/T ☒ Change ☐ Addition  
NAME Whitman, Robert L.  
STREET ADDRESS 217 Hobbs St., Suite 101  
CITY- ST- ZIP Tampa, FL 33619

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9.2.04 813 655-5401**

Date

Daytime Phone #