## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90354 001 \*\*\*158.75

## **DOCUMENT #398388**

1. Entity Name
PENINSULA DESIGN AND ENGINEERING, INC.



Pincipal Place of Business   Malling Address   217 HOBBS STREET   SUTE 101   SUT 101											
217 HOBBS STREET   217 HOBBS STREET   SUITE (01)   TAMPA, FL 33619	Principal Plac	e of Business	Mailing Address			-					
SUTE 101 TAMPA, F. 33619  2. Principal Place of Business SPT.D PREMIEE MORTH DR. SILE AND PREMIES NORTH DR. SULLA, Apr. F. etc. SULLA, Apr. F. etc	217 HOBBS	STREET	<del>-</del>								
2. Procipil Place of Business SP2 PREMIER NORTH DR Sale PL City & State Apr. 4, etc.  City & State Apr. 4, etc.  City & State Apr. 5, etc.  City & State Apr. 6, etc.  City & F.L.  Zip Code  8. The above named destry submits this assertment for the purpose of changing its registered diffice or registered agent, or both, in the State of Roids. I am familiar with, and accept the deligations of registered agent, or both, in the State of Roids. I am familiar with, and accept the deligations of registered agent.  SIGNATURE  Pullar, Type is printed form of implanted apen at the 1 specialists.  City & F.L.  City & F.L.  Zip Code  8. The above named destry submits this assertment for the purpose of changing its registered diffice or registered agent, or both, in the State of Roids. I am familiar with, and accept the deligations of registered agent, or both, in the State of Roids. I am familiar with, and accept the deligations of registered agent.  SIGNATURE  Pullar, Type is printed form of implanted agent and the 1 specialists.  District App. 6, etc.  City F.L.  App. 6, etc.		VIII-E ,				Ì					
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State   Stat	City & Stat	e	City & State			4. FEI Numb	er	<del></del>	AF	plied For	
8. Name and Address of Current Registered Agent  For Required  8. Name and Address of New Registered Agent  Name    City   FL   Zip Code	TAMP	A FL	TAMPA	FL	-	59-137	4847		No	t Applicable	
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Name   Street Address (P.O. Box Number is Not Acceptable)	<u>3361</u>			<u> </u>	<u> </u>	<u> </u>		F		d	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current F	legistered Agent	<del>-  </del> ,	Nama	7. Name and	Address of New R	egistered A	gent		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	ED SAVIT	7		'	1 Agus						
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    Signature, lipid or prived name of implatered agent and the repolacials. (NOTE: Registered Agent signature received when remarking).   DATE    FILE NOWILLI FEE IS \$150,000   P. Election Campaign Financing Trust Fund Contribution.   SS,000 May Be Added to Fees.   Addition.   Add		_		- 1	Street Address (P.O. Box Number is Not Acceptable)						
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		certify that the information supplied with	this filing does not qualify for	the exemp	tion stated in S	ection 119.07(3)	(i), Florida Statutes. I	further certi	fy that the ir	formation	

of the corporation or the receiver or to changed, or on an attachment with an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if