2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067362

City-St-Zip:

Entity Name: PENINSULA INSURANCE GROUP, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
1040 BAY\ STE 410 FORT LAU	/IEW DR IDERDALE, FL	33304					
Current Mailing Address:			New Maili	New Mailing Address:			
1040 BAY\ STE 410 FORT LAU	/IEW DR IDERDALE, FL	33304					
FEI Number:	65-0694248	FEI Number Applied For ()	FEI Number Not App	licable ()) Certificate of Status Desired ()		
Name and	Address of Co	urrent Registered Agent:	Name and	l Addres	ss of New Registered Agent:		
750 N OCE #1204 POMPANO The above	BEACH, FL 3	3062 US	purpose of changing	its regist	tered office or registered agent, or both,		
SIGNATUR							
	Electroni	c Signature of Registered Ag	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	IS/CHAI	NGES TO OFFICERS AND DIRECTOR	₹S:	
Title: Name: Address: City-St-Zip:	PRES () I CLEVELAND III, 750 N OCEAN B POMPANO BEAC	LVD #1204	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address:	()	Delete	Title: Name: Address:	VP PHILIP, 166 FOR	() Change (X) Addition , JEAN RESTWOOD DRIVE		

City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify 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: JAMES W CLEVELAND III PRES 04/17/2009