


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90114 017 \*\*\*150.00

**DOCUMENT # 415556**

1. Entity Name  
**PENINSULAR ELECTRIC DISTRIBUTORS, INC.**



Principal Place of Business      Mailing Address

**P O BOX 2887**      **P O BOX 2887**  
**1301 OLD OKEECHOBEE ROAD**      **1301 OLD OKEECHOBEE ROAD**  
**WEST PALM BCH, FL 33402**      **WEST PALM BCH, FL 33402**

**30014360**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02222006    Chg-P    CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**LARMOYEUX, MARGARET J**  
**1301 OLD OKEECHOBEE RD**  
**WEST PALM BCH, FL 33401**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LARMOYEUX, JOHN M</b>	
STREET ADDRESS	<b>1301 OLD OKEECHOBEE ROAD</b>	
CITY-ST-ZIP	<b>WEST PALM BCH, FL 33401</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>LARMOYEUX, MARGARET J.</b>	
STREET ADDRESS	<b>1701 LAUREL LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BCH, FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John M Larmoyeux      **JOHN LARMOYEUX**      4/18/06      541/832-1126  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #