


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90047 044 ***150.00

DOCUMENT # 670845 1. Entity Name PENINSULA DEVELOPMENT CORP.					
Principal Place of Business 979 E GULF DRIVE 501 SANIBEL, FL 33957 US			Mailing Address 4004 LIZETTE LANE GLENVIEW, IL 60025 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 36-3076442				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03252004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DALTON, STEPHEN E 1833 HENDRY STREET FT MYERS, FL 33901			7. Name and Address of New Registered Agent Name LYNN-MARIE LAKE Street Address (P.O. Box Number is Not Acceptable) 1400 COLONIAL BLVD. # 14 P.O. Box 9503 City FT. MYERS FL 33906-4503		
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 the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE 3/25/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOKIOS, EUGENIA 4004 LIZETTE LANE GLENVIEW, IL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOKIOS, VICTORIA 4004 LIZETTE LANE GLENVIEW, IL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOKIOS, STEVEN 4004 LIZETTE LN GLENVIEW, IL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOKIOS, GEORGE 4004 LIZETTE LANE GLENVIEW, IL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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: <i>[Signature]</i>		Date 3/25/04 Daytime Phone #			

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