

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 689491 1. Entity Name PENINSULAR PRINTING OF DAYTONA BEACH, INC.	
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Principal Place of Business 1814 HOLSONBACK DR C/O WILLIAM J. MAGUIRE DAYTONA BEACH, FL 32117	Mailing Address 1814 HOLSONBACK DR C/O WILLIAM J. MAGUIRE DAYTONA BEACH, FL 32117
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

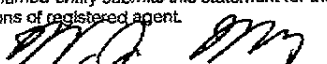
4. FEI Number 59-2042558	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAGUIRE, WILLIAM J
3 TIMBERLINE TRAIL
APT A
ORMOND BCH, FL**

**DO NOT WRITE
IN THIS SPACE**

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 **1-15-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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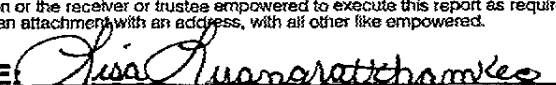
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGUIRE, FRANCES A. 925 N. HALIFAX, #209 DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGUIRE, WILLIAM J 3 TIMBERLINE TRAIL APT A ORMOND BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/20/04-80071-004 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  **Lisa Luangrattkhamkeo** 1-15-04 274-4837 (386)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #