
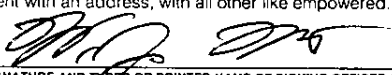


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90040 047 ***150.00

DOCUMENT # 689491 1. Entity Name PENINSULAR PRINTING OF DAYTONA BEACH, INC.		
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
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE	SD	
NAME	MAGUIRE, FRANCES A.	
STREET ADDRESS	925 N. HALIFAX, #209	
CITY- ST- ZIP	DAYTONA BEACH, FL	
TITLE	PD	
NAME	MAGUIRE, WILLIAM J	
STREET ADDRESS	3 TIMBERLINE TRAIL APT A	
CITY- ST- ZIP	ORMOND BCH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2042558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

Date Daytime Phone #