

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 689491

FILED
May 12, 2009
Secretary of State**Entity Name:** PENINSULAR PRINTING OF DAYTONA BEACH, INC.**Current Principal Place of Business:**1814 HOLSONBACK DR
C/O WILLIAM J. MAGUIRE
DAYTONA BEACH, FL 32117**New Principal Place of Business:****Current Mailing Address:**1814 HOLSONBACK DR
C/O WILLIAM J. MAGUIRE
DAYTONA BEACH, FL 32117**New Mailing Address:****FEI Number:** 59-2042558**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAGUIRE, WILLIAM J
3 TIMBERLINE TRAIL
APT A
ORMOND BCH, FL US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** SD () Delete
Name: MAGUIRE, FRANCES A.
Address: 3 TIMBERLINE TRAIL APT A
City-St-Zip: ORMOND BEACH, FL 32174 US**Title:** PD (X) Delete
Name: MAGUIRE, WILLIAM J
Address: 3 TIMBERLINE TRAIL APT A
City-St-Zip: ORMOND BCH, FL 32174 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MAGUIRE, WILLIAM J
Address: 3 TIMBERLINE TRAIL APT A
City-St-Zip: ORMOND BEACH, FL 32174 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM J. MAGUIRE

PD

05/12/2009

Electronic Signature of Signing Officer or Director_____
Date