

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000004597

1. Entity Name  
PENINSULA PIPELINE COMPANY, INC.



Principal Place of Business  
909 SILVER LAKE BLVD.  
DOVER, DE 19904

Mailing Address  
909 SILVER LAKE BLVD.  
DOVER, DE 19904



07172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3680549

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO SCHIMKAITIS, JOHN R PO BOX 615 DOVER, DE 19903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO THOMPSON, STEPHEN C PO BOX 615 DOVER, DE 19903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MCMASTERS, MICHAEL P PO BOX 615 DOVER, DE 19903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS COOPER, BETH W PO BOX 615 DOVER, DE 19903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEOFFROY, THOMAS A PO BOX 615 DOVER, DE 19903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000771434  
08/07/07-80002-009 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #