2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17665

Entity Name: PENINSULA PRODUCTS, INC.

FILED Mar 05, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

6400 MANATEE AVE W L 114 BRADENTON, FL 34209

Current Mailing Address: New Mailing Address:

% CHARLES D. MEADOWCROFT PO BOX 15299 BRADENTON, FL 34280

FEI Number: 59-2443740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEADOWCROFT, CHARLES D.

6400 MANATEE AVE W

STE L 114

BRADENTON, FL 34209

MEADOWCROFT, DARBY J VP

6400 MANATEE AVE W

STE L 114

BRADENTON, FL 34209

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: DARBY J MEADOWCROFT 03/05/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PATD () Delete Title: PATD (X) Change () Addition MEADOWCROFT, CHARLES, D. MEADOWCROFT, CHARLES D Name: Name: 9113 WILLOW BROOK DR 9113 WILLOW BROOK DR Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34238

Title: VSD () Delete Title: () Change () Addition

 Name:
 MEADOWCROFT, CAROLYN L
 Name:

 Address:
 9113 WILLOW BROOK DR
 Address:

 City-St-Zip:
 BRADENTON, FL 34209
 City-St-Zip:

Title: VFTD () Delete Title: () Change () Addition

 Name:
 MEADOWCROFT, DARBY J
 Name:

 Address:
 7622 4TH AVE W
 Address:

 City-St-Zip:
 BRADENTON, FL 34209
 City-St-Zip:

Title: VASD () Delete Title: () Change () Addition

 Name:
 MEADOWCROFT, CHARLES A
 Name:

 Address:
 3309 W HEMINGWAY LANE
 Address:

 City-St-Zip:
 ANTHEM, AZ 85086
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARBY J MEADOWCROFT VFTD 03/05/2004