2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17665

Entity Name: PENINSULA PRODUCTS, INC.

MEADOWCROFT, CHARLES A

3309 W HEMINGWAY LANE

ANTHEM, AZ 85086

Name:

Address:

City-St-Zip:

FILED Feb 02, 2006 Secretary of State

Entity Nar	ne: PENINSC	ILA PRODUCTS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
6400 MANATEE AVE W L 114				3014 W. PALMIRA AVENUE 200			
BRADENTON, FL 34209				TAMPA, FL 33629			
Current Mailing Address:				New Mailing Address:			
% CHARLES D. MEADOWCROFT PO BOX 15299 BRADENTON, FL 34280				3014 W. PALMIRA AVENUE 200 TAMPA, FL 33629			
FEI Number:	59-2443740	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MEADOWCROFT, DARBY J VP 6400 MANATEE AVE W STE L 114 BRADENTON, FL 34209 US				MEADOWCROFT, DARBY J VP 3014 W. PALMIRA AVENUE 200 TAMPA, FL 33629 US			
	named entity : of Florida.	submits this statement for the	purpose o	f changing i	ts registered	d office or registered agent, or both,	
SIGNATURE: DARBY MEADOWCROFT				02/02/2006			
	Electror	ic Signature of Registered Ag	gent			Date	
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VFTD () MEADOWCRO 5029 47TH STE BRADENTON, I	REET W.		Title: Name: Address: City-St-Zip:	MEADOWCF	(X) Change () Addition ROFT, DARBY J CON PALMS PLACE 33647	
Title:	VASD (Delete		Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE:	DARBY MEADOWCROFT	VP	02/02/2006