2008 FOR PROFIT CORPORATION

FILED May 01, 2008 08:00 AN Secretary of State

ANN	IUAL REPORT	
DOCUMENT # H3710 1. Entity Name PENINSULA METAL FINISHI .		
Principal Pince of Business	Mailing Address	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

2550 DINNEEN AVENUE

ORLANDO, FL 32804

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number			Applied For
59-2526186		Г	Not Applicable
5. Certificate of Status Desired	23	\$8.75	Additional

Fee Required

COACHMAN, F. SMITH 2550 DINNEEN AVE. ORLANDO, FL 32804

SIGNATURE:

2550 DINNEEN AVENUE

ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and ide if applicable. (NOTE: Registered Agent signature required when reinstang) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		U00000938190 05/27/08-80079-014 158.75					
10.	OFFICERS AND DIRECT	TORS	*******				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROACH, C. DAVID 2550 DINNEEN AVE. ORLANDO, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COACHMAN, F. SMITH 2550 DINNEEN AVE. CRLANDO, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
THILE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
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 eath; 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.							

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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