


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # K34862 1. Entity Name PENINSULA MOTOR CLUB, INC.	
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Principal Place of Business 1515 N. WESTSHORE BOULEVARD 1515 N. WESTSHORE BLVD TAMPA, FL 33607	Mailing Address 1515 N. WESTSHORE BOULEVARD TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0475480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'BRIEN, THOMAS E 1515 N. WESTSHORE BLVD TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, ROBERT R 18710 PEPPER PIKE LANE LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'BRIEN, THOMAS E. 315 INNER HARBOUR CIRCLE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS POTTS, CINDY 709 MARCO DRIVE, NE ST PETERSBURG, FL 337022749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCKEE, ROBERT A 2916 CYPRESS RIDGE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLIN, JOHN A 1515 N. WESTSHORE BOULEVARD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/05-80023-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Cindy M. Potts 1/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #