2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 08:00 AM Secretary of State

DOCUMENT # L20811 1. Entity Name PENINSULA PROPERTY MANAGEMENT, INC.					Secretary of State			
Principal Place 7005 CENTR	AL AVE	Mailing Address 7005 CENTRAL AVE						
ST PETERSBI	JRG, FL 33710 US	ST PETERSBURG, FL 33710	US					
					a han add and franchis	2.2,, 2.2,, 4(2,, 2.2,, 1,		
DO NOT WRITE IN THIS SPA			CE	01192004 4. FEI Numb		CR2E034 (10	Applied For	
				65-016 5. Certificate	of Status Desired	\$8.75 Fee Re	Not Applicable Additional aquired	
	6. Name and Address of Current Reg	istered Agent						
ARSENAULT, KENNETH G., JR 10225 ULMERTON ROAD STE 2-A LARGO, FL 34641			DO NOT WRITE IN THIS SPACE					
8. The above	named entity submits this statement for th	e purpose of changing its register	ed office or reg	istered agent, or bo	oth, in the State of Flo	rida. I am familiar	with, and accept	
the obligati	ions of registered agent.	, ,						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registere				gused when reinstating)		DATE		
FILE NOWIN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees	tionone	1109667		
10.	OFFICERS AND DIF	ECTORS .			04/12/04-	-80053-005	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MEDELY, EDWARD 4300 45TH ST SOUTH ST PETERSBURG, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CANNOVA, MICHAEL F. 7005 CENTRAL AVE ST PETERSBURG, FL						±	
TITLE NAME STHEET ADDRESS CITY-ST-ZIP				· · · ·	NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE		
TETLE NAME								

12. I hereby certify that the information supplied with this filling 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 preceiver or trustee erg lowered 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:

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

EDWARD MEDLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

727-343-0631

Daytime Phone #