## ^2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 AN Secretary of State DOCUMENT # L20811 1. Entity Name PENINSULA PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 7005 CENTRAL AVE 7005 CENTRAL AVE ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 US 04202006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0160651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ARSENAULT, KENNETH G., JR 10225 ULMERTON ROAD STE 2-A IN THIS SPACE LARGO, FL 34641 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Pegistered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 $\Box$ After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MEDELY, EDWARD NAME STREET ADDRESS 4300 45TH ST SOUTH ST PETERSBURG, FL City-St-7iP U00000552322 05/15/06-80006-024 150.00 TITLE NAME CANNOVA, MICHAEL F. STREET ADDRESS 7005 CENTRAL AVE CITY-ST-ZIP ST PETERSBURG, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 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 all address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 (707)343-063

Daytime Phone #

**FILED**