

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90185 008 ***150.00

DOCUMENT # M92801

1. Entity Name

PENINSULAR OIL CORPORATION



Principal Place of Business

**3331 S. COCONUT ISLAND DR
UNIT #201
BONITA SPRINGS FL 34134
US**

Mailing Address

**3331 S. COCONUT ISLAND DR
UNIT #201
BONITA SPRINGS FL 34134
US**



2. Principal Place of Business

4155 Gumbo Limbo Ct.

3. Mailing Address

P. O. Drawer 1000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Bonita Springs, FL

City & State

Ft. Myers, Florida

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

34134

Country

USA

Zip

33902

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHEESEMAN, MIKE
3331 S. COCONUT ISLAND DR
UNIT 201
BONITA SPRINGS FL 34134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
NAME **CHEESEMAN, MIKE**
STREET ADDRESS **3331 S. COCONUT ISLAND DR., UNIT201**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

Mike Cheeseman

Mike Cheeseman 2-28-05 (239) 949-4387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #