

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01802

Entity Name: PENINSULA PLAYERS, INC.

FILED
May 01, 2004
Secretary of State

Current Principal Place of Business:

C/O ALFRED E. RICHTER
2801 JOHNSON AVE. #9
SAN LUIS OBISPO, CA 93401 US

New Principal Place of Business:

Current Mailing Address:

%ALFRED E. RICHTER
2801 JOHNSON AVE., #9
SAN LUIS OBISPO, CA 93401 US

New Mailing Address:

FEI Number: 59-2505710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, DAN
575 BAYSIDE DRIVE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RICHTER, ALFRED E.,
Address: 1436 ROSADA WAY
City-St-Zip: FORT MYERS, FL

Title: D () Delete
Name: RICHTER, MARTHA
Address: 2801 JOHNSON AVE., #9
City-St-Zip: SAN LUIS OBISPO, CA

Title: D () Delete
Name: WILKES, DIANE,
Address: 575 BAYSIDE DRIVE
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: PERRY, DAN
Address: 575 BAYSIDE DRIVE
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RICHTER, ALFRED E.,
Address: 2801 JOHNSON AVENUE #9
City-St-Zip: SAN LUIS OBISPO, CA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED RICHTER

D/P

05/01/2004

Electronic Signature of Signing Officer or Director

_____ Date