

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000024760

1. Entity Name
GB PENINSULA, INC.



Principal Place of Business
3200 TAMiami TRAIL N. SUITE 200
NAPLES, FL 34103

Mailing Address
3200 TAMiami TRAIL N. SUITE 200
NAPLES, FL 34103

FILED

2008 APR 15 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3692447

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J
3200 TAMiami TRAIL N., SUITE 200
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERRAO, AUBREY J
STREET ADDRESS	8156 FIDDLERS CREEK PKWY
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	VPD
NAME	PARISI, JOSEPH L
STREET ADDRESS	8156 FIDDLERS CREEK PKWY
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	DST
NAME	DINARDO, ANTHONY
STREET ADDRESS	8156 FIDDLERS CREEK PKWY
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800123532588
04/15/08--01023--007 **150.00

800123532588
04/15/08--01023--022 **192.50

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IN THIS SPACE**

12. I hereby 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph Livio Parisi, as Director

3/14/08 (239) 732-9400

Date

Daytime Phone #

4/1/08