

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000094737

1. Entity Name
PENINSULA PROPERTY HOLDINGS, INC.



Principal Place of Business
3100 SOUTH MCCALL ROAD
ENGLEWOOD, FL 34224

Mailing Address
3100 SOUTH MCCALL ROAD
ENGLEWOOD, FL 34224



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1102836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRANICZ, ROBERT
3100 SOUTH MCCALL RD
ENGLEWOOD, FL 34224

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000154651
05/05/04-80005-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME PORTNOY, SIMON
STREET ADDRESS 1520 RINGLING BLVD.
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME SOLANO, RICHARD
STREET ADDRESS 1520 RINGLING BLVD.
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME GRANICZ, ROBERT
STREET ADDRESS 3100 SOUTH MCCALL RD
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #