

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

03-17-2004 90033 024 ***150.00

DOCUMENT # P01000080270
 1. Entity Name
PENINSULA HYDROLOGIC DATA SPECIALISTS, INC.



Principal Place of Business Mailing Address
590 TEMPLE ST. **590 TEMPLE ST.**
SATELLITE BEACH, FL 32937 **SATELLITE BEACH, FL 32937**

66411455



2. Principal Place of Business 3. Mailing Address
103 Mar Brisa Ct *103 Mar Brisa Ct*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03112004 Chg-P CR2E034 (10/03)

City & State City & State
Indian Harbour Beach, FL *Indian Harbour Beach, FL*
 Zip Zip Country Country
32937 *32937* *Florida* *Florida*

4. FEI Number Applied For
59-3739320 Not Applicable

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

6. Name and Address of Current Registered Agent
WICKWIRE, MICHAEL A
590 TEMPLE ST.
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
103 Mar Brisa Ct
 City State Zip Code
Indian Harbour Beach FL 32937

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WICKWIRE, MICHAEL A 590 TEMPLE ST. SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WICKWIRE, CAROL DIANE 590 TEMPLE ST. SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>103 Mar Brisa Ct.</i> <i>Indian Harbour Bch, FL 32937</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>103 Mar Brisa Ct.</i> <i>Indian Harbour Bch, FL 32937</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **MICHAEL WICKWIRE U.P.** 3-15-04 321-777-915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #