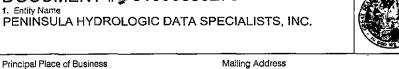
## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # 201000080270 1. Entity Name PENINSULA HYDROLOGIC DATA SPECIALISTS, INC.

**FILED** May 02, 2005 08:00 AM Secretary of State



Mailing Address 103 MAR BRISA CT INDIAN HARBOR BEACH, FL 32937



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CR2E034 (10/03) 04262005 No Chg-P

4.	FEI Number
	59-3739320

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

	6.	Name	and	Address	of	Current	Regis	tored	Agent
							•		
RE.	М	CHA	EL A	١.					

WICKWII 103 MAR BRISA CT INDIAN HARBOR BEACH, FL 32937

103 MAR BRISA CT

INDIAN HARBOR BEACH, FL 32937

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the piions of registered agent.	ourpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registere	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WICKWIRE, MICHAEL A 103 MAR BRISA CT. INDIAN HARBOUR BCH, FL 32937			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PT WICKWIRE, CAROL DIANE 103 MAR BRISA CT. INDIAN HARBOUR BCH, FL 32937			U00000353231 05/03/05~80057~024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITS F	,			• •

12. I hereby certify that the information supplied with this filling 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. MICHAEL WICKWIRE

VICE

PRESIDENT

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 321-777-1915