


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P01 000080270 <small>1. Entity Name</small> PENINSULA HYDROLOGIC DATA SPECIALISTS, INC.	
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<small>Principal Place of Business</small> 103 MAR BRISA CT INDIAN HARBOR BEACH, FL 32937	<small>Mailing Address</small> 103 MAR BRISA CT INDIAN HARBOR BEACH, FL 32937
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 59-3739320	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required

<small>6. Name and Address of Current Registered Agent</small> WICKWIRE, MICHAEL A 103 MAR BRISA CT INDIAN HARBOR BEACH, FL 32937
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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, 2005 Fee will be \$550.00	<small>9. Election Campaign Financing</small> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
<small>TITLE</small> VS	<small>NAME</small> WICKWIRE, MICHAEL A
<small>STREET ADDRESS</small> 103 MAR BRISA CT.	<small>CITY-ST-ZIP</small> INDIAN HARBOUR BCH, FL 32937
<small>TITLE</small> PT	<small>NAME</small> WICKWIRE, CAROL DIANE
<small>STREET ADDRESS</small> 103 MAR BRISA CT.	<small>CITY-ST-ZIP</small> INDIAN HARBOUR BCH, FL 32937
<small>TITLE</small>	<small>NAME</small>
<small>STREET ADDRESS</small>	<small>CITY-ST-ZIP</small>
<small>TITLE</small>	<small>NAME</small>
<small>STREET ADDRESS</small>	<small>CITY-ST-ZIP</small>
<small>TITLE</small>	<small>NAME</small>
<small>STREET ADDRESS</small>	<small>CITY-ST-ZIP</small>

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05/03/05-80057-024 150.00

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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)(f), 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:  **MICHAEL WICKWIRE**
VICE PRESIDENT **4-28-05 321-777-1915**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #