

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

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DOCUMENT # **901000100577**

1. Entity Name

**SIX TABLES AT THE PENINSULA, INC.**



11 MAY 12 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # <b>The Peninsula Inn</b> Suite, Apt. #, etc. <b>2937 Beach</b>		3. Mailing Address <b>2937 Beach Blvd</b> Suite, Apt. #, etc.	
City & State <b>Gulfport</b>		City & State <b>Gulfport</b>	
Zip <b>33707</b>	Country <b>USA</b>	Zip <b>33707</b>	Country <b>USA</b>

CR2E034B (1/11)

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-3751382</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <b>Alexandra Kingzett</b> Street Address (P.O. Box Number is Not Acceptable) <b>7156 S Shore Dr</b> City <b>S. Pasadena</b> FL Zip Code <b>33707</b>		

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 **5/1/11**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: <b>abaryak@yahoo.com</b> E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Alexandra Kingzett</b> <b>7156 S Shore Dr</b> <b>S. Pasadena FL 33707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>James Kingzett</b> <b>7156 S Shore Dr</b> <b>S. Pasadena FL 33707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. Pasadena FL 33707</b> <b>310 Foothill Rd</b> <b>Genoa City WI 89460</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**4/3/12**

**6002072624016**  
**05/05/11--01004--027 \*\*150.00**

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: DATE **5/1/11** (727) 480-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR