

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000154111



1. Entity Name
PENINSULA APPRAISALS, INC.

Principal Place of Business

12065 SUMMERTIME CIRCLE, #204
FORT MYERS, FL 33913

Mailing Address

12065 SUMMERTIME CIRCLE, #204
FORT MYERS, FL 33913

2. Principal Place of Business

12040 BRASSIE BEND DR
Suite, Apt. #, etc.

202

City & State

FORT MYERS, FL

33913

Country

US

3. Mailing Address

12040 BRASSIE BEND DR
Suite, Apt. #, etc.

202

City & State

FORT MYERS, FL

33913

Country

US

6. Name and Address of Current Registered Agent

REWBURY, MARK A
12065 SUMMERTIME CIRCLE, #204
FORT MYERS, FL 33913

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
REWBURY, MARK A
12065 SUMMERTIME CIRCLE, #204
FORT MYERS, FL 33913

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark A. Rewbury*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/06 239-125-7953
Date Day/Nite Phone #

**FILED
Jan 25, 2006 8:00 am
Secretary of State**

01-25-2006 90031 050 ***150.00