

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169318

Entity Name: PENINSULA FOLIAGE, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

31545 CR 437
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

31545 CR 437
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 20-2033212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOSSETT, DUANE H
31545 CR 437
SORRENTO, FL 32776 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOSSETT, DUANE H
Address: 26153 SACKAMAXON DRIVE
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: GOSSETT, JOYCE M
Address: 1695 GOLF GARDEN WAY
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: GOSSETT, WADE A
Address: 1925 PRECIOUS CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: GOSSETT-BEESSEN, DENISE M
Address: 12214 VIA SANTA MARTA
City-St-Zip: SYLMAR, CA 91342

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOSSETT, JOYCE M
Address: 1695 GOLF GARDEN WAY
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE GOSSETT

SEC

04/13/2005

Electronic Signature of Signing Officer or Director

Date