

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000053215

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** PENINSULA FREIGHT SERVICE, INC.

**Current Principal Place of Business:**

224 SE 3 TERRACE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

319 NW 3RD LN  
CAPE CORAL, FL 33993

**Current Mailing Address:**

224 SE 3 TERRACE  
CAPE CORAL, FL 33990

**New Mailing Address:**

P.O. BOX 150474  
CAPE CORAL, FL 33915

**FEI Number:** 45-2495364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, OMAR  
224 SE 3 TERRACE  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

GARCIA, OMAR  
319 NW 3RD LN  
CAPE CORAL, FL 33993 US

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: OMAR GARCIA

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: GARCIA, OMAR  
Address: 319 NW 3RD LN  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP/S  
Name: GARCIA, OMAR  
Address: 319 NW 3RD LN  
City-St-Zip: CAPE CORAL, FL 33993

I hereby 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 all other like empowered.

SIGNATURE: OMAR GARCIA

P

04/09/2012

Electronic Signature of Signing Officer or Director

Date