


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Aug 26, 2004 8:00 am
Secretary of State

08-10-2004 90003 003 ***150.00

DOCUMENT # P97000104354		
1. Entity Name PENINSULA RESORT PROPERTIES INC.		
Principal Place of Business 41 ARTHUR STREET E. BRUNSWICK, NJ 08816	Mailing Address 41 ARTHUR STREET E. BRUNSWICK, NJ 08816	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BLANCHARD, CLAYTON H JR 35 E. PINEHURST BLVD. EUSTIS, FL 32726		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD NEVILLE, RAYMOND 41 ARTHUR STREET E. BRUNSWICK, NJ 08816	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

66432624



07292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3488723	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

8/23/04

Date Daytime Phone #