

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-02-2004 90015 015 ***158.75

DOCUMENT # P99000088335

1. Entity Name

PENINSULA GOLD, INC.



Principal Place of Business

296 MARJORIE BLVD
LONGWOOD FL 32750

Mailing Address

P.O. BOX 950687
LK MARY FL 32746

66432915



MOORE

CR2E034 (4/04)

2. Principal Place of Business

296 Marjorie Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box
Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Lk Mary FL

4. FEI Number

59-3612157

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELICES, MADELAINE
296 MAJORIE BLVD
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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

Madeline Felices

8/11/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FELICES, MADELAINE	
STREET ADDRESS	296 MARJORIE BLVD	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, PAUL	
STREET ADDRESS	296 MARJORIE BLVD	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President - same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 950687	
STREET ADDRESS	Lake Mary FL	
CITY-ST-ZIP	32746	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Madeline Felices

Date

7/28/04

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 66432915

8-11-04

To Whom it May
Concern

I was unable to
file due to a family
illness and my Aunt's
death. Please waive
the extra 400.00 fee.

Thanking you in advance

Madelan Selman

P 99 000188335

Peninsula Gold Inc