

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90076 026 ***150.00

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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

2. Principal Place of Business

4445 S. Atlantic Ave

3. Mailing Address

PO BOX 950687

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

City & State

Ponce Inlet FL

City & State

P.O. BOX 950687

Zip

32127

Country

USA

Zip

32127

Country

USA



1st MOORE

CR2E034 (10/04)

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 MARJORIE BLVD
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

MADELAINE

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

4445 S. Atlantic Ave Suite 202

City

Ponce Inlet

FL

Zip Code

32127

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

Madelaine Felices

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FELICES, MADELAINE
STREET ADDRESS P.O. BOX 950687
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ST ☐ Delete
NAME PATTERSON, PAUL
STREET ADDRESS 296 MARJORIE BLVD
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

MADELAINE Felices

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/05 407 625-2460