

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000067362

**Entity Name:** PENINSULA INSURANCE GROUP, INC.

**Current Principal Place of Business:**

4800 BAYVIEW DR  
STE 401  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

PO BOX 70838  
FORT LAUDERDALE, FL 33307 US

**FEI Number:** 65-0694248

**Certificate of Status Desired:** No

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

CLEVELAND III, JAMES W  
4800 BAYVIEW DR  
#401  
FTLAUDERDALE, FL 33308 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            CLEVELAND , JAMES W III  
Address        4800 BAYVIEW DR  
                  #401  
City-State-Zip: FT LAUDERDALE FL 33308

Title            TREA  
Name            PHILIP, JEAN  
Address        7744 GARDNER DR  
                  102  
City-State-Zip: NAPLES FL 34109

*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:** JAMES W CLEVELAND III

**PRESIDENT**

**02/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date