

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000067362

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

**Current Principal Place of Business:**

3050 NW 23 AVE  
OAKLAND PARK, FL 33311

**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  
1872 NE 46 ST  
D11  
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        1872 NE 46 ST  
                  #D11  
City-State-Zip: FT LAUDERDALE FL 33308

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

Title            VP  
Name            MANNING, IRENE  
Address        PO BOX 70838  
City-State-Zip: FORT LAUDERDALE FL 33307

*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**

**02/01/2023**

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

\_\_\_\_\_  
Date