

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000067362

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

**Current Principal Place of Business:**

1040 BAYVIEW DR  
STE 410  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

1040 BAYVIEW DR  
STE 410  
FORT LAUDERDALE, FL 33304

**FEI Number: 65-0694248**

**Certificate of Status Desired: Yes**

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

CLEVELAND III, JAMES W  
2801 NE 33 CT  
#205  
FTLAUDERDALE, FL 33306 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        2801 NE 33 CT  
                  205  
City-State-Zip: FT LAUDERDALE FL 33306

Title            VP  
Name            CLEVELAND, GEORGE T  
Address        1131 NE 23 CT  
City-State-Zip: POMPANO BEACH FL 33062

Title            TREA  
Name            PHILIP, JEAN  
Address        166 FORESTWOOD DRIVE  
City-State-Zip: NAPLES FL 34110

*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**

**01/15/2013**

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

\_\_\_\_\_  
Date