

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768692

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** PRINCETON PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

601 E. ROLLINS STREET  
11TH FLOOR - EXECUTIVE OFFICES  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 E. ROLLINS STREET  
11TH FLOOR - EXECUTIVE OFFICES  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 59-1191045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILLIARD, DOUGLAS  
601 E. ROLLINS STREET  
11TH FLOOR - EXECUTIVE OFFICES  
ORLANDO, FL 32803 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STILTZ, BRYAN  
Address: 2699 LEE ROAD - SUITE 600  
City-St-Zip: WINTER PARK, FL 32789

Title: CD ( ) Delete  
Name: OWEN, TERRY  
Address: 601 E. ALTAMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD ( ) Delete  
Name: HILLIARD, DOUGLAS  
Address: 601 EAST ROLLINS STREET  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS HILLIARD

S

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date