

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000002606

1. Entity Name  
PRINCE TELECOM, INC.



Principal Place of Business  
34 BLEVINS DRIVE, SUITE #5  
NEW CASTLE, DE 19720

Mailing Address  
34 BLEVINS DRIVE, SUITE #5  
NEW CASTLE, DE 19720

**DO NOT WRITE IN THIS SPACE**



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
51-0381976

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000105240  
04/07/04-80013-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KUHN, JOHN
STREET ADDRESS	37 NIVEN LANE
CITY-ST-ZIP	LANDENBERG, PA 19350
TITLE	D
NAME	SCHAEFER, JOHN
STREET ADDRESS	817 HUNT ROAD
CITY-ST-ZIP	NEWTON SQUARE, PA 19073
TITLE	ST
NAME	HEININGER, THEODORE
STREET ADDRESS	20 HOLLYBROOK ROAD
CITY-ST-ZIP	MULLICA HILL, NJ 08062
TITLE	VP
NAME	KINNER, DAVID
STREET ADDRESS	92 ROSEDALE DRIVE
CITY-ST-ZIP	PITTSBURGH, NJ 08318
TITLE	D
NAME	DELORE, LINDA
STREET ADDRESS	718 ARCH STREET
CITY-ST-ZIP	PHILADELPHIA, PA 191061591
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #