

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006052

Entity Name: PRINE SYSTEMS, INC.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

5032 PHILLIPS HWY  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

140 STOCKTON ST  
JACKSONVILLE, FL 32204

## Current Mailing Address:

5032 PHILLIPS HWY  
JACKSONVILLE, FL 32207

## New Mailing Address:

140 STOCKTON ST  
JACKSONVILLE, FL 32204

FEI Number: 02-0490158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRINE, JEREMY  
5032 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

PRINE, JEREMY  
140 STOCKTON ST  
JACKSONVILLE, FL 32204 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:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: PRINE, JEREMY  
Address: 3269 BRIGANTINE PL  
City-St-Zip: JACKSONVILLE, FL 32216

Title: V ( ) Delete  
Name: PRINE, JOAN  
Address: 3141 CHAPELWOOD LN  
City-St-Zip: JACKSONVILLE, FL 32216

Title: S ( ) Delete  
Name: PRINE, CHRIS  
Address: 3141 CHAPELWOOD LN  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T ( ) Delete  
Name: PRINE, JOHN  
Address: 3141 CHAPELWOOD LN  
City-St-Zip: JACKSONVILLE, F: 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition  
Name: PRINE, JEREMY  
Address: 3269 BRIGANTINE PL  
City-St-Zip: JACKSONVILLE, FL 32216

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W PRINE

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date