2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 8:00 am
Secretary of State
06-18-2004 90001 031 ***550.00

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1. Entity Name
PRINCE MACHINE CORPORATION

54057895

Principal Place of Business	Mailing Address
670 WINDCREST DR. HOLLAND, MI 49423	670 WINDCREST DR. HOLLAND, MI 49423

01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2688390
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	~~PALMA, ALDO~~ Robert Angeli
STREET ADDRESS	670 WINDCREST DR
CITY-ST-ZIP	HOLLAND, MI 49423
TITLE	D
NAME	~~PALMA, ALDO~~ Robert Angeli
STREET ADDRESS	670 WINDCREST
CITY-ST-ZIP	HOLLAND, MI 49423
TITLE	~~CFO~~
NAME	~~DEWITT, HAROLD~~
STREET ADDRESS	~~679 WINDCREST~~
CITY-ST-ZIP	~~HOLLAND, MI 49423~~
TITLE	D
NAME	~~MENTASTE, NICOLA~~
STREET ADDRESS	670 WINDCREST
CITY-ST-ZIP	HOLLAND, MI 49423
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert Angeli 6-7-04 616-394-6970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #