


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90028 023 ***150.00

DOCUMENT # K01122	
1. Entity Name PRINCETON INDUSTRIES, INC.	

Principal Place of Business 12550 NW 39TH STREET CORAL SPRINGS, FL 33065 US	Mailing Address 12550 NW 39TH STREET CORAL SPRINGS, FL 33065 US
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0046690	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BREWSTER, BRAD 12550 NW 39TH STREET CORAL SPRINGS, FL 33065
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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: *Brad Brewster* Brad Brewster 3/16/04
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BREWSTER, BRADLEY W 4908 NW 101 AVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BREWSTER, BRENT D 4908 NW 101 AVE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD KAYE, MARC B 3901 NE 26TH AVE. 6048 NW 128TH AVE CORAL SPRINGS, FL 33076 Light House Point, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST. SEC Sue L Kaye 3901 NE 26TH AVE Light House Point, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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)(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: *Marc B. Kaye, VP* Marc B. Kaye 3/18/04 954-755-7614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #