## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # K16150 1. Entity Name PRINCE DIESEL, INC. Principal Place of Business Mailing Address 1225 SW MACEDO BLVD PORT ST. LUCIE FL 34983 1225 SW MACEDO BLVD PORT ST. LUCIE FL 34983 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0030099 Not Applicable Zπ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRINCE, JOHN E., JR Street Address (P.O. Box Number is Not Acceptable) 1191 S.E. BAY HARBOR STREET PORT ST. LUCIE FL 34983 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent Signature, typed or printed harror of registered agent and tals in implicable (NOTE Registered Agent a gripture required when reliestabling DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PRINCE, JOHN E., JR NAME U0000009284U5 STREET ADDRESS 1191 S.E. BAY HARBOR STREET STREET ADDRESS US/21/U8-80027-021 150.00 CITY-ST-ZIP PORT ST. LUCIE FL 34983 CITY-ST-ZIP TITLE ST Daiete Change Addition NAME PRINCE, NANCY A STREET ADDRESS 1191 S.E. BAY HARBOR STREET STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34983 CITY-ST-ZIP TITLE ☐ Derete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiele THE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deicte TITI E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 path; 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

on an attachment with an address, with all other like empowered.

SIGNATURE

**FILED** 

M-818-2190