

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # K79920

1. Entity Name
PRINCIPLE VENTURES, INC.



Principal Place of Business
**540 RUDDER ROAD
NAPLES, FL 34102**

Mailing Address
**28 B REUBEN BROWN LN
EXETER, RI 02822 US**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0115077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TREADWELL, THOMAS L.
201 EIGHTH STREET S., SUITE 308
NAPLES, FL 33940**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

**U00000836790
03/04/08-80025-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DOYLE, GEORGE E.
STREET ADDRESS	28 B REUBEN BROWN LA
CITY-ST-ZIP	EXETER, RI 02822

TITLE	DVS
NAME	DOYLE, SUSAN L.
STREET ADDRESS	28B REUBEN BROWN LA
CITY-ST-ZIP	EXETER, RI 02822

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 exemptions contained 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 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

2/15/08 401 295 5309

Date

Daytime Phone #