

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06942

Entity Name: PRINCE MEDICAL, INC.

FILED  
Jul 12, 2005  
Secretary of State

**Current Principal Place of Business:**

% MIKE PRINCE  
1522 S.W. 112TH ST.  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

% MIKE PRINCE  
1522 S.W. 112TH ST.  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 59-2956962      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRINCE, MIKE  
1522 S.W. 112TH STREET  
GAINESVILLE, FL 32607      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: PRINCE, P. MICHAEL  
Address: 1522 SW 112TH ST.  
City-St-Zip: GAINESVILLE, FL

Title: VPTD ( ) Delete  
Name: PRINCE, TAMMY J  
Address: 1522 SW 112TH STREET  
City-St-Zip: GAINESVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: P.MICHAEL PRINCE

PSD

07/12/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date