

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 8:00 am
Secretary of State

01-06-2006 90001 010 ***150.00

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01042006 Chg-P CR2E034 (11/05)

DOCUMENT # L06942 1. Entity Name PRINCE MEDICAL, INC.			
Principal Place of Business % MIKE PRINCE 1522 S.W. 112TH ST. GAINESVILLE, FL 32607		Mailing Address % MIKE PRINCE 1522 S.W. 112TH ST. GAINESVILLE, FL 32607	
2. Principal Place of Business 304 SW 140TH TERRACE		3. Mailing Address 304 SW 140TH TERRACE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State NEW BERRY FL		City & State NEW BERRY FL	
Zip 32669		Zip 32669	
Country 		Country 	
4. FEI Number 59-2956962		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 PRINCE, MIKE 1522 S.W. 112TH STREET GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Mike Prince</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD PRINCE, P. MICHAEL 1522 SW 112TH ST. GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD PRINCE, TAMMY J 1522 SW 112TH STREET GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>Mike Prince</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/05/06</u> Daytime Phone # <u>352-332-0376</u>	