

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000006622

1. Entity Name
PRINCETON BOUND, INC.



Principal Place of Business
**5928 S.W. 68TH STREET
SOUTH MIAMI, FL 33143**

Mailing Address
**5928 S.W. 68TH STREET
SOUTH MIAMI, FL 33143**



04252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0877010	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

**STARKE, LENARDO D
3340 MCDONALD STREET
SUITE A
MIAMI, FL 33133**

**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 reappointing)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

0000000325431
05/20/08-80028-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TROUP, WORRELL C
STREET ADDRESS	5928 S.W. 68TH STREET
CITY-ST-ZIP	SOUTH MIAMI, FL 33143

TITLE	D
NAME	TROUP, MARILYN
STREET ADDRESS	5928 S.W. 68TH STREET
CITY-ST-ZIP	SOUTH MIAMI, FL 33143

TITLE	D
NAME	MICKENS, BOBBIE
STREET ADDRESS	5928 S.W. 68TH STREET
CITY-ST-ZIP	SOUTH MIAMI, FL 33143

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 617, 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 titles empowered.

SIGNATURE:

Worrell C. Troup **Worrell C. Troup** 4/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #