
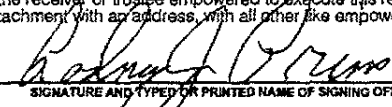


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000110969 1. Entity Name PRINS ENTERPRISES INC.		
Principal Place of Business 3008 NE 19TH DR GAINESVILLE, FL 32608	Mailing Address 3008 NE 19TH DR GAINESVILLE, FL 32608	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PRINS, ROD J 3008 NE 19TH DR GAINESVILLE, FL 32608		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRINS, ROD J RT. 2 BOX 764 LAKE BUTLER, FL 32054	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRINS, CAROL J RT. 2 BOX 764 LAKE BUTLER, FL 32054	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		4-11-06 352 327 6827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-5693580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/23/06-80010-014 150.00^M

**DO NOT WRITE
IN THIS SPACE**