## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 12, 2004 8:00 am Secretary of State 03-12-2004 90017 040 \*\*\*150.00 DOCUMENT # P01000052908 1. Entity Name PRINCE PRODUCTION SERVICES, INC. Mailing Address Principal Place of Business 5693 BOYNTON BAY CIRCLE 5693 BOYNTON BAY CIRCLE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 No Chg-P CR2E034 (10/03) 01212004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1112636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRINCE, JEFFREY J DO NOT WRITE 5693 BOYNTON BAY CIRCLE BOYNTON BEACH, FL 33437 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE · Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE . NAME PRINCE, JEFFREY J 5693 BOYATON BAY CIRCLE STREET ADDRESS CITY-ST-ZIP. BOYNTON BEACH, FL 33437 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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. JEFFREY J. PRINCE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTO

PRESIDENT

**FILED**