

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000085529

1. Entity Name
PRINCETON HOMES, INC.



Principal Place of Business
**500 AUSTRALAIN AVE SO., STE 110
SUITE 120
WEST PALM BEACH, FL 33401**

Mailing Address
**500 AUSTRALAIN AVE SO., STE 110
SUITE 120
WEST PALM BEACH, FL 33401**



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1150668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RHODES, PAUL
500 AUSTRALAIN AVE SO., STE 120
WEST PALM BEACH, FL 33401**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **RHODES, PAUL**
STREET ADDRESS **500 AUSTRALIAN AVE SO #120**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **V**
NAME **ROSENBLUM, GERALD**
STREET ADDRESS **500 AUSTRALIAN AVE SO #120**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **AV**
NAME **LARSON, SALLY A**
STREET ADDRESS **500 AUSTRALIAN AVE SO #120**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000938145
05/27/08-80074-025 150.00

**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 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: *Sally A. Larson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-29-08 Daytime Phone # 561-659-5400