

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90377 041 \*\*\*150.00

**DOCUMENT # P02000020369**

1. Entity Name

PRINKTON & BURNNES, CORPORATION



Principal Place of Business

1500 SE 3RD COURT, SUITE #111  
DEERFIELD BEACH FL 33442

Mailing Address

1500 SE 3RD COURT, SUITE #111  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

1574 SE 3RD COURT  
Suite, Apt. #, etc.

3. Mailing Address

1574 SE 3RD COURT  
Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL 33442

City & State

DEERFIELD BEACH FL 33442

Zip

33442

Country

4417

Zip

33442

Country

4417

6. Name and Address of Current Registered Agent

LIMA, JOSE ANGELO  
1500 SE 3RD COURT, SUITE #111  
DEERFIELD BEACH FL 33442

4. FEI Number

03-0380158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*04-27-04*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> Delete
NAME	LIMA, JOSE ANGELO	
STREET ADDRESS	1244 S. MILITARY TRAIL #725	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LIMA, JOSE ANGELO	
STREET ADDRESS	1244 S. MILITARY TRAIL #725	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*04-27-04 784.2453170*