

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064714

Entity Name: PRINGLE HOLDINGS, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

2801 S BAY ST
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

2801 S BAY ST
EUSTIS, FL 32726

New Mailing Address:

FEI Number: 20-1180375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERS, GARY L
380 W. ALFRED ST.
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: PRINGLE, JOHN A
Address: 2801 S BAY ST
City-St-Zip: EUSTIS, FL 32726

Title: DVST () Delete
Name: DELUCA, ANTHONY
Address: 2801 S BAY ST
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: SUMMERS, GARY L
Address: 380 W ALFRED STREET
City-St-Zip: TAVARES, FL 32778

Title: DP () Delete
Name: NORDSTROM, STEVEN R
Address: 2801 S BAY ST
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: BRAGG, KENNETH A
Address: 4315 PICCIOLA ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: OGRANOVITCH, SERGE
Address: 206 BIRDIE ROAD
City-St-Zip: LOCUST GROVE, VA 22508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY DELUCA

DVST

04/14/2009

Electronic Signature of Signing Officer or Director

Date