2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000168676

PRINCE RESORT 3, INC.



Principal Place of Business

2075 FRUITVILLE ROAD

200

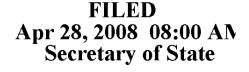
SARASOTA, FL. 34237

Mailing Address

2075 FRUITVILLE ROAD

200

SARASOTA, FL 34237





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04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5522147

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

MICHAEL W. MONAHAN, CPA, P.A. 2075 FRUITVILLE ROAD 200

SARASOTA, FL 34237

10.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TETLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

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0.	The above named entity submits this statement for the purpose of changing its registered onice of registered agent, or both, in the state of Florida. Faith lathing with, and accept
	the obligations of registered agent.
SI	NATURE
SI	SNATURE

(NOTE: Registered Agent signature required when reinstating)

П

FILE NOW!!! FEE IS \$150.00

ROCCO, JOYCE L PO BOX 1217

9. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

After May 1, 2008 Fee will be \$550.00

HOLMES BEACH, FL 34218

OFFICERS AND DIRECTORS

05/19/08-80003-021 150.00

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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 is 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 applicass, with all other like empowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #