

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90552 034 ***150.00

DOCUMENT # P94000050331

1. Entity Name
OLD PRINCETON, INC.



Principal Place of Business
500 AUSTRALIAN AVENUE SOUTH
SUITE 120
WEST PALM BEACH, FL 33401-6246

Mailing Address
500 AUSTRALIAN AVENUE SOUTH
SUITE 120
WEST PALM BEACH, FL 33401-6246

20050001



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0505167

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 AUSTRALIAN AVENUE SOUTH
SUITE 120
WEST PALM BEACH, FL 33401-6246

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

TITLE P
NAME RHODES, PAUL
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
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Rhodes

4-15-05

Date

321-659-8100

Daytime Phone #