

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

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**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0505167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. 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	
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CITY-ST-ZIP	

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05/17/06-80014-015 150.00

**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: Paul Rhodes 4-26-06 504-681-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #