

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90241 027 ***150.00

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1. Entity Name
PRINCESS OBOLENSKY ENTERPRISES, INC.



Principal Place of Business
**C/O ANNE OBOLENSKY
PO BOX 691
PALM BEACH, FL 33480**

Mailing Address
**C/O ANNE OBOLENSKY
PO BOX 691
PALM BEACH, FL 33480**

54030274



DO NOT WRITE IN THIS SPACE

03122004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANNE OBOLENSKY
427 26TH ST
WEST PALM BEACH, FL 33407**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	OBOLENSKY, ANNE
STREET ADDRESS	PO DRAWER 691
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	SAGER, NICHOLAS
STREET ADDRESS	1433 GAY ST
CITY-ST-ZIP	LONGMONT, CO 80501
TITLE	D
NAME	SIMS, BRYANT
STREET ADDRESS	250 ESSEX LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	ST
NAME	OWENS, ROBIN
STREET ADDRESS	PO BOX 691
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

Date

Daytime Phone #