

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000023188

1. Entity Name
CROWN PRINCE ENTERPRISES, INC.



Principal Place of Business
18792 OSPREY WAY
JUPITER, FL 33458

Mailing Address
18792 OSPREY WAY
JUPITER, FL 33458

FILED
2012 JUN -4 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05042012 No Chg-P CR2E034 (12/11)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0734973

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACCURSIO, JAMES J
18792 OSPREY WAY
JUPITER, FL 33458

**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 \$550.00
Due by September 28, 2012**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ACCURSIO, JAMES J
18792 OSPREY WAY
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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JUN - 4 2012
S. TONER

700235882407
06/04/12--01051--002 **300.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

@CROWNPRINCE2
@COMCAST.NET