

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90171 008 ***150.00

DOCUMENT # P98000086214

1. Entity Name

PRINS, INC.



Principal Place of Business

15000 NW US HIGHWAY 441
UNIT 20
ALACHUA FL 32615

Mailing Address

PO BOX 1955
ALACHUA FL 32616

2. Principal Place of Business

15000 NW US Hwy 441
Suite, Apt. #, etc.
unit 20

3. Mailing Address

P.O. Box 1955
Suite, Apt. #, etc.

City & State

Alachua F

City & State

Alachua FL

Zip

32615

Country

Zip

32615

Country

4. FEI Number

59-3541024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPE, A. BICE ESQ.
408 W. UNIVERSITY AVE., SUITE 406
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VTS ☐ Delete
NAME SHEFFIELD, TONY
STREET ADDRESS PO BOX 1004-9714 SWATTH LANE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE P ☐ Delete
NAME SHEFFIELD, TONY
STREET ADDRESS PO BOX 1004-9704 SW97TH LANE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Tony Sheffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tony Sheffield 4-21-05 386-482-5419
Date Daytime Phone #