

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90023 035 ***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**

40099736



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SHEFFIELD, BETTY E
STREET ADDRESS	P.O. BOX 1004-22815 SW 97TH LANE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	VS
NAME	SHEFFIELD, TONY
STREET ADDRESS	PO BOX 1004-9704 SW97TH LANE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	P Sheffield, Tony
NAME	P.O. Box 1004-9704 SW 97th Lane
STREET ADDRESS	Newberry FL 32669
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08

Date

386-462-5469

Daytime Phone #