

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086214

Entity Name: PRINS, INC.

FILED  
May 27, 2009  
Secretary of State

## Current Principal Place of Business:

15000 NW US HIGHWAY 441  
UNIT 20  
ALACHUA, FL 32615

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1955  
ALACHUA, FL 32616

## New Mailing Address:

FEI Number: 59-3541024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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.

SIGNATURE: HOPE A BICE

05/27/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: SHEFFIELD, BETTY E  
Address: P.O. BOX 1004-22815 SW 97TH LANE  
City-St-Zip: NEWBERRY, FL 32669

Title: VS ( ) Delete  
Name: SHEFFIELD, TONY  
Address: PO BOX 1004-9704 SW97TH LANE  
City-St-Zip: NEWBERRY, FL 32669

Title: P ( ) Delete  
Name: SHEFFIELD, TONY  
Address: PO BOX 1004- 9704 SW 97 LN  
City-St-Zip: NEWBERRY, FL 32669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY SHEFFIELD

PRES

05/27/2009

Electronic Signature of Signing Officer or Director

Date