


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90268 025 ***150.00

DOCUMENT # F0400000135

1. Entity Name
INFINITY HOME LOAN, INC.



Principal Place of Business
**3850 HOLCOMB BRIDGE RD STE. 431
 NORCROSS, GA 30092**

Mailing Address
**3850 HOLCOMB BRIDGE RD STE. 431
 NORCROSS, GA 30092**

2. Principal Place of Business
3850 Holcomb Bridge Rd.

3. Mailing Address
3850 Holcomb Bridge Rd.

Suite, Apt. #, etc.
Suite 432

Suite, Apt. #, etc.
Suite 432

City & State
NORCROSS, GA

City & State
NORCROSS, GA

Zip
30092

Country
U.S.A.

Zip
30092

Country
U.S.A.



02092005 Chg-P CR2E034 (10/03)

4. FEI Number
58-2571134

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PARK, ANDREW
 13707 SUNSHOWER CIR
 ORLANDO, FL 32828**

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: *Judney*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEES \$150.00
After May 1, 2005 Fee will be \$550.00

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	CP YOU, DANIEL J 3850 HOLCOMB BRIDGE RD STE. 431 NORCROSS, GA 30092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOU, ANGIE S 3850 HOLCOMB BRIDGE RD STE. 431 NORCROSS, GA 30092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARK, E.J. 3850 HOLCOMB BRIDGE RD STE. 431 NORCROSS, GA 30092 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3850 Holcomb Bridge Rd., Ste. 432 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3850 Holcomb Bridge Rd., Ste. 432 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judney* **2/9/05** **740-234-0808**

Signature and typed or printed name of signing officer or director Date Daytime Phone #