

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90036 036 ***150.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # F93000003097 1. Entity Name INFINITY ARCHITECTURE, P.C.					
Principal Place of Business 5754 CARMICHAEL PKWY MONTGOMERY, AL 36117 US			Mailing Address PO BOX 211208 MONTGOMERY, AL 36102 36121		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 63-1060755	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GREENSHIELDS, GARY L 1028 WILLOW SPRINGS RD. WETUMPKA, AL 36092	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard G. Wendling II 613 Felder Ave. Montgomery, AL 36106
☐ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD COWART, YANN D 3333 SOUTHVIEW MONTGOMERY, AL 36111	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ 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 ke empowered.					
SIGNATURE: <i>Gary L. Greenshields</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-26-05 (334) 264-8888 Date Daytime Phone #	