

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000097881 1. Entity Name INFINITE SERVICES BY JARRET LASKER AND PATRICK KRIEBEL, INC.	
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Principal Place of Business 3225 15TH ST N SAINT PETERSBURG, FL 33704 US	Mailing Address P O BOX 1504 ST PETERSBURG, FL 33731 US
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03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3511221	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KRIEBEL, PATRICK
3225 15TH ST N
SAINT PETERSBURG, FL 33731

**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 *Patrick Kriebel* Pat Kriebel 4/19/04
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LASKER, JARRET
STREET ADDRESS	3225 15TH ST N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33704

TITLE	VP
NAME	KRIEBEL, PATRICK
STREET ADDRESS	3225 15TH ST N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33704

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/03/04-80180-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jarret Lasker* 4-19-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #