

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90044 011 ***150.00

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1. Entity Name

INFECTIOUS DISEASE, INC.



Principal Place of Business

3329 CR 234
GAINESVILLE FL 32641

Mailing Address

C/O MONIF, GILLES, RG
P O BOX 1029
BELLEVUE NE 68005
US

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

59-1991801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, ELLIOT
1205 S.W. 170TH STREET
NEWBERRY FL 32669

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MONIF, GILLES R G.
STREET ADDRESS 17121 LAKEWOOD DRIVE
CITY-ST-ZIP OMAHA NE 68123

TITLE D ☒ Delete
NAME MONIF, ASHLEY
STREET ADDRESS 17121 LAKEWOOD DRIVE
CITY-ST-ZIP OMAHA NE

TITLE VRD ☐ Delete
NAME MONIF, WILLIAM
STREET ADDRESS 17121 LAKEWOOD DRIVE
CITY-ST-ZIP OMAHA NE

TITLE DS ☐ Delete
NAME CELINE, MONIF
STREET ADDRESS 17121 LAKEWOOD DRIVE
CITY-ST-ZIP OMAHA NE 68123

TITLE D ☐ Delete
NAME MONIF, REX
STREET ADDRESS 176 M STRED
CITY-ST-ZIP TEKAMAH NE 68061

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gilles R G Monif
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilles R G Monif 1/3/06 402-244-584
Date: Daytime Phone #