

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001290

Entity Name: INFO DIRECTIONS, INC.

FILED  
Feb 12, 2004  
Secretary of State

**Current Principal Place of Business:**

833 PHILLIPS RD.  
VICTOR, NY 14564

**New Principal Place of Business:**

**Current Mailing Address:**

833 PHILLIPS RD.  
VICTOR, NY 14564

**New Mailing Address:**

FEI Number: 16-1494521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: CULETON, DEBORAH  
Address: 833 PHILLIPS RD.  
City-St-Zip: VICTOR, NY 14564

Title: T ( ) Delete  
Name: SHARP, SUSAN L  
Address: 833 PHILLIPS RD.  
City-St-Zip: VICTOR, NY 14564

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SEC (X) Change ( ) Addition  
Name: CULETON, DEBORAH  
Address: 833 PHILLIPS RD.  
City-St-Zip: VICTOR, NY 14564

Title: TREA (X) Change ( ) Addition  
Name: SHARP, SUSAN L  
Address: 833 PHILLIPS RD.  
City-St-Zip: VICTOR, NY 14564

Title: PRES ( ) Change (X) Addition  
Name: CULETON, DONALD  
Address: 833 PHILLIPS RD  
City-St-Zip: VICTOR, NY 14564

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN L SHARP

TREA

02/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date