

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000013059**

1. Entity Name  
**INFRATECH SOLUTIONS, INC.**



Principal Place of Business

**4601 E HWY 100  
SUITE D-10  
BUNNELL, FL 32210**

Mailing Address

**POST OFFICE BOX 547  
FLAGLER BEACH, FL 32136-0547**



04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3784887**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRYANT, TIMOTHY  
114 PALMETTO AVENUE  
FLAGLER BEACH, FL 32136**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-statuting) 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	PTD
NAME	BRYANT, TIMOTHY
STREET ADDRESS	114 PALMETTO AVENUE
CITY- ST- ZIP	FLAGLER BEACH, FL 32136
TITLE	VS
NAME	BRYANT, SUZANNE
STREET ADDRESS	114 PALMETTO AVENUE
CITY- ST- ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

00000056432  
05/05/04-80078-009 140.00

**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)(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: Timothy Bryant - Timothy Bryant, Resident 4/30/04 386.432.7606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #