

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01711

Entity Name: INFOLAB, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

HIGHWAY 61 N  
CLARKSDALE, MS 38614

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1309  
CLARKSDALE, MS 38614

**New Mailing Address:**

FEI Number: 64-0470300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SPRADLING, SUMNER  
Address: 2501 GREENGATE DRIVE PO BOX 20047  
City-St-Zip: GREENSBORO, NC 27406

Title: CEO  
Name: SPRADLING, JOEL S  
Address: PO BOX 1309  
City-St-Zip: CLARKSDALE, MS 38614

Title: SECT  
Name: FUQUA, ED  
Address: 274 CRESTLINE AVE  
City-St-Zip: CLARKSDALE, MS 38614

I hereby 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 all other like empowered.

SIGNATURE: JOEL SCOTT SPRADLING

CEO

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date