
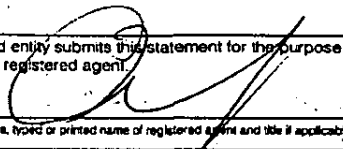
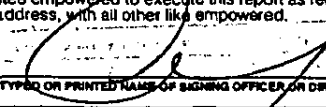


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

4/2

04-28-2004 90204 003 ***150.00

DOCUMENT # P02000003704 1. Entity Name INFOPLUS, INC					
Principal Place of Business 5340 CENTRAL AVENUE ST. PETERSBURG, FL 33707			Mailing Address 5340 CENTRAL AVENUE ST. PETERSBURG, FL 33707		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent COMPARETTO, ANTHONY J ESQ 5340 CENTRAL AVENUE ST. PETERSBURG, FL 33707			7. Name and Address of New Registered Agent 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:  <i>Anthony Compitto</i> DATE:					
9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES COMPARETTO, THERESA 5340 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. COMPARETTO, ANTHONY J 5340 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FEL
20-0780111

