

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 030 ***150.00

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03212008 Chg-P CR2E034 (12/06)

DOCUMENT # P02000031368			
1. Entity Name INFOUS, INC			
Principal Place of Business 5452 CORAL WAY ORLANDO, FL 32839		Mailing Address 5452 CORAL WAY ORLANDO, FL 32839	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0065765	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	
DAVIES, JEFF 5452 CORAL WAY ORLANDO, FL 32839	Name Street Address (P.O.) City

8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing registered office or registered agent.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00
Added

10. OFFICERS AND DIRECTORS				11.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIES, JEFF 5452 CORAL WAY ORLANDO, FL 32839	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAVIES, MANUELA 5452 CORAL WAY ORLANDO, FL 32839	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Manuela DAVIES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08 407-855 8993
Date Daytime Phone #

I made the
Same change last
year, but it has
not been corrected!
EIN / FEI Number:
20-0065765!