

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000012341

1. Entity Name
INFRASAFE, INC.



Principal Place of Business

1707 ORLANDO CENTRAL PARKWAY, SUITE 350
ORLANDO, FL 32809

Mailing Address

1707 ORLANDO CENTRAL PARKWAY, SUITE 350
ORLANDO, FL 32809



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3691199

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
255 SOUTH ORANGE AVE. SUITE 1700
ORLANDO, FL 32801

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLEMMING, TODD H
STREET ADDRESS 1707 ORLANDO CENTRAL PARKWAY, SUITE 350
CITY-ST-ZIP ORLANDO, FL 32809

TITLE TS
NAME CLIFTON JR, RICHARD N
STREET ADDRESS 1707 ORLANDO CENTRAL PKWY, SUITE 350
CITY-ST-ZIP ORLANDO, FL 32809

TITLE VO
NAME WHIRLEY, JEFFREY J
STREET ADDRESS 1707 ORLANDO CENTRAL PKWY, SUITE 350
CITY-ST-ZIP ORLANDO, FL 32809

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03/21/05-80051-013 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD N. CLIFTON, Jr.

3/16/05

407-926-6903

Date

Daytime Phone #