

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90017 032 ***150.00

DOCUMENT # P03000021778

1. Entity Name
INFINITECH, INC.



Principal Place of Business
P. O. BOX 57274
JACKSONVILLE FL 32241

Mailing Address
P. O. BOX 57274
JACKSONVILLE FL 32241

2. Principal Place of Business
Woods of Mandarin
Apt 89

3. Mailing Address
3200 Hartley Rd



MOORE CR2E034 (11/03)

City & State
Jacksonville

City & State
FL

4. FEI Number
FL 13-4242078

Applied For
Not Applicable

Zip
32257

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

HAEFELI, JOHN JR.
3200 HARTLEY RD., #89
JACKSONVILLE FL 32257

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

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	HAEFELI, JOHN SR.	
STREET ADDRESS	P. O. BOX 57274	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAEFELI, MICHAEL	
STREET ADDRESS	P. O. BOX 57274	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAEFELI, DEIRDRE	
STREET ADDRESS	P. O. BOX 57274	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: John Haefeli, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Feb 2 '04 Daytime Phone #