2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90097 050 ***150.00

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DOCUMENT # P04000096275

1. Entity Name
INFINITE PRIVACY INC

Principal Place of Business	Mailing Address
950 EMERALD DR MT DORA, FL 32757	950 EMERALD DR MT DORA, FL 32757

03082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1530 OLD EUSTIS RD Suite, Apt. #, etc.	1530 OLD EUSTIS RD. Suite, Apt. #, etc.
City & State: MT DORA, FL	City & State: MT DORA, FL
Zip: 32757 Country: USA	Zip: 32757 Country: USA

4. FEI Number: 20-1325306 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATKINSON, TROY R II
950 EMERALD DR
MT DORA, FL 32757

7. Name and Address of New Registered Agent

Name: TROY R. ATKINSON II
Street Address (P.O. Box Number is Not Acceptable)
1530 OLD EUSTIS RD
City: MT DORA FL Zip Code: 32757

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: Troy Roger Atkinson II 09 MAR 05
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ATKINSON, TROY R II 950 EMERALD DR MOUNT DORA, FL 32757	☐ Delete	PD ATKINSON, TROY R II 1530 OLD EUSTIS RD MT DORA, FL 32757	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ATKINSON, JOHN P 950 EMERALD DR MOUNT DORA, FL 32757	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Troy Roger Atkinson II 09 MAR 05 (352) 516-1192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #