

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

02-26-2007 90085 004 ***150.00

DOCUMENT # P06000033009 1. Entity Name INFINITY FRAMING AND TRIM CORPORATION																	
Principal Place of Business 4630 16TH PLACE SW APT 309 NAPLES FL 34116			Mailing Address 4630 16TH PLACE SW APT 309 NAPLES FL 34116														
2. Principal Place of Business - No P.O. Box # same as above Suite, Apt. #, etc. 309			3. Mailing Address same as above Suite, Apt. #, etc. 309														
City & State Naples FL Zip 34116		City & State Naples FL Zip 34116		4. FEI Number 20-4530958													
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required													
6. Name and Address of Current Registered Agent TAINTOR, F. ANDREWS 5051 CASTELLO DRIVE, SUITE 5 NAPLES FL 34103				7. Name and Address of New Registered Agent Name Nick Colosimo Street Address (P.O. Box Number is Not Acceptable) 4630 16th PL SW # 309 Naples FL City FL Zip Code 34116													
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 Nickolas James Colosimo 2/12/07 Signature, typed or printed name of registered agent and date if applicable (NOT: Registered Agent's signature required when registering)																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE owner President</td> <td style="width: 70%;">NAME Nickolas James Colosimo ☐ Delete</td> </tr> <tr> <td>STREET ADDRESS 4630 16th PL SW # 309</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP Naples FL 34116</td> <td></td> </tr> </table>			TITLE owner President	NAME Nickolas James Colosimo ☐ Delete	STREET ADDRESS 4630 16th PL SW # 309		CITY-STATE-ZIP Naples FL 34116		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME ☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>			TITLE	NAME ☐ Change ☐ Addition	STREET ADDRESS		CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Nickolas James Colosimo 2/12/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	

438-6076