

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-21-2007 90060 029 ***150.00

DOCUMENT # P06000038449					
1. Entity Name INFINITY DECORATIVE & POLISHED CONCRETE, INC.					
Principal Place of Business 1360 SONNET COURT DELTONA, FL 32738 US			Mailing Address 1360 SONNET COURT DELTONA, FL 32738 US		
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 2045-07838	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WHITLEY, CHRISTOPHER J 703 2ND STREET APT A INDIAN ROCKS BEACH, FL 33785			7. Name and Address of New Registered Agent Name: JOHN EDWARD MORRIS Street Address (P.O. Box Number is Not Acceptable): 1360 Sonnet Ct City: Deltona, FL Zip Code: 32738		
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: <u>John E Morris</u> JOHN E MORRIS DATE: <u>5-15-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: MORRIS, JOHN E STREET ADDRESS: 1360 SONNET COURT CITY-ST-ZIP: DELTONA, FL 32738	<input type="checkbox"/> Delete		TITLE: VP NAME: Denise Morlen STREET ADDRESS: 1360 Sonnet Ct CITY-ST-ZIP: Deltona, FL 32738	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VP NAME: WHITLEY, CHRISTOPHER J STREET ADDRESS: 703 2ND STREET APT A CITY-ST-ZIP: INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Denise Morlen</u> Denise Morlen VP <u>5-15-07</u> <u>386-860-5450</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					