


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000083535	
1. Entity Name INFERNAL CLUB, INC.	

Principal Place of Business 100 UNION STREET PERRY, FL 32348	Mailing Address 201 S WARNER AVE PERRY, FL 32348 US
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1716830	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODFAULK, RANDOLPH
 201 S WARNER AVE
 PERRY, FL 32347

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WOODFAULK, RANDOLPH 201 SOUTH WARNER STREET PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODFAULK, FLORA 201 SOUTH WARNER STREET PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODFAULK, RORY V 201 SOUTH WARNER STREET PERRY, FL 32348
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04/27/05-00051-012 150.00

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04/29/05-80018-020 150.00

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: Randolph Woodfaulk 4/26/05 (850) 584-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #