2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secrétary of State 07-08-2004 90188 031 ***150.00 DOCUMENT # P94000089004 INFINITY HOMES OF HERNANDO, INC. Principal Place of Business Mailing Address 44047520 10177 CORTEZ BLVD 10177 CORETZ BLVD BROOKSVILLE, FL 34613 BROOKSVILLE, FL 34613 US No Chg-P CR2E034 (10/03) 03172004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3280448 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent SE223 FLORAL DRIVE 7419 Royal DAIC Drive DO NOT WRITE SPRING HILL, FL 34607 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CLARK, THOMAS C NAME 7419 royal OAK Drive 8223 PLORAL DRIVE STREET ADDRESS SPRING HILL, FL 34607 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

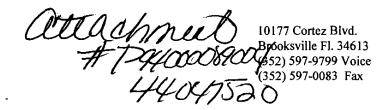
SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

> homas NG OFFICER OR DIRECTOR

FILED Jul 08, 2004 8:00 am



Infinity Homes Of Hernando, Inc.

TO WHOM IT MAY CONCERN,

JULY 2,2004

WE HAVE RECEIVED A NOTICE STATING WE DID NOT FILE THE ANNUAL REPORT FOR INFINITY HOMES. WE HAVE FILED AND SENT A CHECK WITH THE REPORT ON 4/8/04 PER MY RECORDS. I CALLED THE BANK AND THE CHECK HAS NOT CLEARED. I ALSO CALLED OUR ACCOUNTANT WHO DOES OUR BOOKS AND HE ALSO VERIFIED THE CHECK HAS NOT CLEARED.

PLEASE ACCEPT THE COPIES OF THE CHECK AND REPORT AS PROOF THAT WE SENT THEM IN. I HAVE STOPPED PAYMENT ON THE CHECK AND REISSUED A CHECK FOR \$150 AND A COPY OF THE REPORT WITH ORIGINAL SIGNATURE.PLEASE ACCEPT THIS ANNUAL REPORT WITH THE \$150.00 CHECK AS OUR FILING WITHOUT THE LATE FEES.

IF ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT MY OFFICE. I APPRECIATE ALL YOUR HELP IN THIS MATTER.

SINCERELY,

THOMAS C. CLARK

PRESIDENT

MULLS ments # P940000 89004 MPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
 Check must be payable in United States Funds and through a United States Bank.
- · Submit report with a separate check for each filing.
- * The fee to file the profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.

Certificates will be mailed to the entity's mailing address only.

• Sign report in block 12.

96 what was

Thankyou

and what his

1/2/24

Charles of the start of the sta

Mail completed report to:

Defore 5/1/04

Division of Corporations P.O. Box 6798 6 3 入 つ Tallahassee, FL 32314 Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Questions?

Phone: (850) 245-6056 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

attachner

| | 004 FOR PRO ANNU | PIT COR | RORATIO PRT | N | | . | | |
|---|---|---------------------|---|---|-----------------------|---|-------------|--|
| DOCUMENT # P9400089004 1. Entity Name INFINITY HOMES OF HERNANDO, INC. | | | | | 44 | 0475 | 20 |) |
| Principal Place 10177 CORTE BROOKSVILLE | Z BLVD | | ddress CORETZ BLVD VILLE, FL 34613 | US | | | | |
| | | | | | 03172004 | No Chg-P | CR2E034 (1 | 0/03) |
| | O NOT WRI | | | | 4. FEI Number 59-3280 | | 58.7 | Applied For Not Applicable 5 Additional |
| | 6. Name and Address of Ci | | 7) (C) (C) (C) (C) (C) (C) (C) (C) (C) (| r Bober III - 1 | 5. Certificate of | Status Desired | | Required |
| SPRING H | ILL, FL 34607 | oyal DAIC | | ered office or register | in T | NOT WE | CE. | ar with, and accept |
| SIGNATURE_ | ons of registered agent. Signature, typed or printed name of register. | | (NOTE: Registion | ancing \$ 5 | when reinstairing) | | DATE | |
| | E NOW!!! FEE IS \$150.0 ay 1, 2004 Fee will be \$ | ,, | Trust Fund Contributio | | led to Fees | | | |
| 10. | | S AND DIRECTORS | | 11 11 1.54 1.54 1.55 11 12 15 15 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | | angeredit gent block i Alle Market en Sall die e | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST CLARK, THOMAS C 6223 FLORAL DRIVE SPRING HILL, FL 34607 | 419 noya | il dak Driv | e | | | | and the state of t |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREFT ADDRESS CITY-ST-ZIP | | | | | DO. | NOT W | alte: | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | IN:1 | HIS SPA | ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS | | , ₁₀ 4 ÷ | • • • • • • • • • • • • • • • • • • • | | | | | |

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:

CITY-ST-ZIP

Thomas C Clark SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

104

| OPERAT | S OF HERNANDO, INC. TING ACCOUNT CORTEZ BLVD SVILLE, FL 34613 | 1294 (LUQUA # DG() | COMPASS BANK SPRING HILL: FL 63-1392/630 | 281 |
|---------------------------|--|-----------------------|--|--|
| | PARTMENT OF STATE | | 440473 | \$** 150.00 |
| One Hundred Fifty and 00/ | 100********** | **** | ****** | ************************************** |
| FLORIDA DEPA | RTMENT OF STATE | | | |

INFINITY HOMES OF HERNANDO, INC. / OPERATING ACCOUNT

FLORIDA DEPARTMENT OF STATE

4/7/2004

Date Туре 04/07/2004 Bill

Reference

593280448

Original Amt. 150.00

' Balance Due Discount 150.00

Payment 150.00

2817

Check Amount

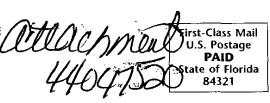
150.00

CASH IN BANK- OPERA 59-3280448

150.00



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



NOTICE OF INTENT TO DISSOLVE

To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14-business days-to receive form.

| Document # | P94000089004 |
|----------------------|--------------|
| NFINITY HOMES OF HER | NANDO, INC. |
| 10177 CORETZ BLVD | |
| DOGOVENNIE EL DAGEO | 0004 |

| М | ail | Re | no | rt | to | : |
|---|-----|----|----|----|----|---|
| | | | | | | |

CR2E095 4/04

Received on 7/2/04
Called Tima@
Horida Dept of State
Told me to resserve
Check + send copy
of annual report
with an original
signature.