

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000077484**

1. Entity Name

INFINITE IDEAS & DESIGNS, INC.



Principal Place of Business

1015 EAST SEMORAN BLVD  
SUITE 253  
CASSELBERRY, FL 32707 US

Mailing Address

C/O DAVID L. SCHICK  
P.O. BOX 3068  
ORLANDO, FL 32802 US



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3337589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SCHICK, DAVID L ESQ  
301 E. PINE STREET  
SUITE 1400  
ORLANDO, FL 32801

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000098162  
03/29/04-80023-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME POLLEY, JOANN H  
STREET ADDRESS 415 WARRENTON ROAD  
CITY-ST-ZIP WINTER PARK, FL

TITLE STD  
NAME WILHITE, CONNIE  
STREET ADDRESS 144 ROANN DRIVE  
CITY-ST-ZIP OVIEDO, FL

TITLE VPD  
NAME ROBERTS, KATHRYN S  
STREET ADDRESS 2925 HUNTINGTON  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*JoAnn Polley*

JoAnn, Polley, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

407-834-8220

Daytime Phone #