

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # V50160	
1. Entity Name INFINITE SOLUTIONS, INC.	

Principal Place of Business 2004 LENNOX RD E PALM HARBOR FL 34683 US	Mailing Address P O BOX 452 PALM HARBOR FL 34682 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 59-3144658	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VRECENAK, THOMAS R., P.A. 35951 US HWY. 19 NORTH PALM HARBOR FL 34684
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 submitting.)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD WITKOWSKI, EDWARD 2004 LENNOX RD E PALM HARBOR FL 34683 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD VAN DE KAMP, THEODORE J 6 NEW ST STE 4H E NORWALK CT ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST WITKOWSKI, ROSALIE K 2004 LENNOX RD E PALM HARBOR FL 34683 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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: <u>Edward W. Witkowski</u> EDWARD W. WITKOWSKI 4/28/08 727-937-4199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR