

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004908

FILED  
Apr 16, 2010  
Secretary of State

Entity Name: INFINITY BUSINESS GROUP, INCORPORATED

**Current Principal Place of Business:**

140 GIBSON RD  
SUITE B  
LEXINGTON, SC 29072

**New Principal Place of Business:**

407 W MAIN STREET  
SUITE 101  
LEXINGTON, SC 29072

**Current Mailing Address:**

140 GIBSON RD  
SUITE B  
LEXINGTON, SC 29072

**New Mailing Address:**

407 W MAIN STREET  
SUITE 101  
LEXINGTON, SC 29072

FEI Number: 42-1587736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VANHOEVEN, BILL  
9310 OLD KINGS RD SOUTH  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: STURGILL, BRYON K  
Address: 407 W MAIN ST, SUITE 101  
City-St-Zip: LEXINGTON, SC 29072

Title: DIR  
Name: LYLE, JEFF  
Address: 407 W MAIN ST, SUITE 101  
City-St-Zip: LEXINGTON, SC 29072

Title: CFO  
Name: HARGRETT, HAINES  
Address: 407 W MAIN ST, SUITE 101  
City-St-Zip: LEXINGTON, SC 29072

Title: DIR  
Name: VANHOEVEN, BILL  
Address: 9310 OLD KINGS RD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HAINES HARGRETT

CFO

04/16/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date