


**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90021 039 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # F08944</b>							
1. Entity Name I.T.H. LAND COMPANY							
Principal Place of Business 4265 CENTRAL AVE. ST PETERSBURG, FL 33713			Mailing Address 4265 CENTRAL AVE. ST PETERSBURG, FL 33713				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2246364	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				CR2E034 (10/03)			
6. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BECK, CHARLES E. H. 4265 CENTRAL AVE. ST. PETERSBURG, FL 33713			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 _____ (NOTE: Registered Agent signature required when restructuring) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIERONYMUS, INEZ T. 1843 CROZIER STREET AVE MADISON, IN 47250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Rivers, Betty 1843 Crozier Avenue Madison, IN 47250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BECK, CHARLES E H 1656 MANOR WAY S. ST PETERSBURG, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMFORT, ANNA B. 4868 SKYTOP DR. EMMAUS, PA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Comfort, Anna B. 4868 Skytop Drive Emmaus, PA 18049	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RIVERS, BETTY 1843 CROZIER AVE MADISON, IN 47250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(c), 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 807, 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: <i>Charles E.H. Beck</i>		Charles E.H. Beck Secretary of State Jan. 25, 2005 727-327-1883					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #					

40008112



01042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2246364 Applied For Not Applicable

6. Certificate of Status Desired  \$8.75 Additional Fee Required

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when restructuring) \_\_\_\_\_ DATE \_\_\_\_\_

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SIGNATURE: *Charles E.H. Beck* Charles E.H. Beck  
 Secretary of State  
 Jan. 25, 2005 727-327-1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #