

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90971 020 ***150.00

DOCUMENT # F69611	
1. Entity Name ITM INVESTMENT, INC.	



Principal Place of Business P.O. BOX 5017 LARGO, FL 34049 33719	Mailing Address P.O. BOX 5017 LARGO, FL 34049 33719
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66020561



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03312005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
TUBOLINO, ANTHONY T. 13404-106 AVE LARGO FL 33774	

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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	TUBOLINO, ANTHONY SR
STREET ADDRESS	13404-106TH AVE
CITY- ST- ZIP	LARGO, FL 33774
TITLE	ST ☐ Delete
NAME	TUBOLINO, PHYLIS
STREET ADDRESS	13404-106TH AVE
CITY- ST- ZIP	LARGO, FL 33774
TITLE	D ☐ Delete
NAME	MESSIER, GINNY
STREET ADDRESS	40 SPRUCE ST
CITY- ST- ZIP	ST. ALBANS, VT 13404-106th Ave Largo FL 33774
TITLE	D ☐ Delete
NAME	BEAUGREGARD, TERESA
STREET ADDRESS	40 FIRST ST
CITY- ST- ZIP	SWANSON, VT 13404-106th Ave Largo FL 33774
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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

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: A Tubolino 4-28-05 727-385-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #