

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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



Principal Place of Business P.O. BOX 5017 LARGO FL 33779	Mailing Address P.O. BOX 5017 LARGO FL 33779
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2738049** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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	
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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 registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME TUBOLINO, ANTHONY SR		NAME	
STREET ADDRESS 13404-106TH AVE		STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33774		CITY-ST-ZIP	
TITLE ST	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME TUBOLINO, PHYLLIS		NAME	
STREET ADDRESS 13404-106TH AVE		STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33774		CITY-ST-ZIP	
TITLE D	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME MESSIER, GINNY		NAME	
STREET ADDRESS 13404 106TH AVE.		STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33774		CITY-ST-ZIP	
TITLE D	☐ Delete	TITLE ☐ Change ☐ Addition	
NAME BEAUGREGARD, TERESA		NAME	
STREET ADDRESS 13404 106TH AVE.		STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33774		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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02/16/06-80015-001 150.00

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: *Anthony Tubolino* 2-7-06 727 385-6330