

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000042840

1. Entity Name
INVESTOR ASSOCIATES CO.



Principal Place of Business
37 N ORANGE AVE STE 210
ORLANDO, FL 32801

Mailing Address
P.O.BOX 1383
WINTER PARK, FL 32790



01082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1165560

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GASDICK, MICHAEL J
37 N ORANGE AVE STE 210
ORLANDO, FL 32801

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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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RUBENSTEIN, NORMAN H
STREET ADDRESS P.O.BOX 1383
CITY-ST-ZIP WINTER PK, FL 32790

TITLE D
NAME COUGHLIN, JOHN D
STREET ADDRESS P.O.BOX 1383
CITY-ST-ZIP WINTER PK, FL 32790

TITLE D
NAME THAYER, JAMES
STREET ADDRESS 1327 LAVANHAM CT
CITY-ST-ZIP APOPKA, FL 32712

TITLE D
NAME MITCHELL, ED
STREET ADDRESS 1327 LAVANHAM CT
CITY-ST-ZIP APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000311986
04/18/05-80066-012 150.00

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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(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: _____

Norman Rubenstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #