## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

1. Entity Name

ILTRO INVESTMENTS, INC.

DOCUMENT # P03000042856



Mailing Address

DO NOT WRITE IN THIS SPACE

7822 W. IRLO BRONSON HWY KISSIMMEE, FL 34747 US

Principal Place of Business

7822 W. IRLO BRONSON HWY KISSIMMEE, FL 34747 US

## **FILED** Apr 24, 2006 08:00 AN Secretary of State



01172006

No Chg-P

CR2E034 (11/05)

4. FEI Number 80-0060058

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GOVONI, HARDING & ASSOCIATES, INC. 505 AVENUE A, NW **SUITE 102** WINTER HAVEN, FL 33881

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the prices of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered	Agent signature required when reinstating)	DATE	<del></del> 1
		Election Campaign Finan     Trust Fund Contribution.	cing \$5.00 May Be		.,
10.	OFFICERS AND DIREC	TORS			190 G . T.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROVER, PHIL 7822 W. IRLO BRONSON HWY KISSIMMEE, FL 34747		tity, is we	U00000533885 05/06/06-80141-005	158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TROVER, STEVE 7822 W. IRLO BRONSON HWY KISSIMMEE, FL 34747		TO TRAFFER SECTIONS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE	<del></del> :
TITLE NAME STREET ADDRESS CITY-ST-ZIP			71	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				.•	*** ***
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-997-0733