

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90129 034 \*\*\*150.00

**DOCUMENT # P03000042856**

1. Entity Name  
ILTRO INVESTMENTS, INC.



Principal Place of Business  
7822 W. IRLO BRONSON HWY  
KISSIMMEE, FL 34747 US

Mailing Address  
7822 W. IRLO BRONSON HWY  
KISSIMMEE, FL 34747 US



01252008 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

**6. Name and Address of Current Registered Agent**

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TROVER, PHIL  
STREET ADDRESS 7822 W. IRLO BRONSON HWY  
CITY-ST-ZIP KISSIMMEE, FL 34747

TITLE VD  
NAME TROVER, STEVE  
STREET ADDRESS 7822 W. IRLO BRONSON HWY  
CITY-ST-ZIP KISSIMMEE, FL 34747

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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

Date

Daytime Phone #