

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000143736

1. Entity Name
INVESTORS' SECURITY TRUST COMPANY



Principal Place of Business
12800 UNIVERSITY DR, STE 125
FT MYERS, FL 33907

Mailing Address
12800 UNIVERSITY DR, STE 125
FT MYERS, FL 33907



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0065695

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

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, 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 BECKWITH, SAMIRA K
STREET ADDRESS 17080 HARBOUR POINT DR #1212
CITY-ST-ZIP FT MYERS, FL 33908

TITLE D
NAME HERSCH, CRAIG R
STREET ADDRESS PO BOX 400
CITY-ST-ZIP FT MYERS, FL 33902

TITLE D
NAME IDELSON, CHARLES K
STREET ADDRESS 13792 PINE VILLA LANE
CITY-ST-ZIP FT MYERS, FL 33912

TITLE D
NAME JONES, DAVID M
STREET ADDRESS 483 E GULF DR
CITY-ST-ZIP SANIBEL, FL 33957

TITLE D
NAME KAGAN, ELIZABERTH P
STREET ADDRESS 6981 LAKE DEVONWOOD DR
CITY-ST-ZIP FT MYERS, FL 33908

TITLE D
NAME KIRBY, LYNN A
STREET ADDRESS 15120 HARBOUR ISLE DR, UNIT 701
CITY-ST-ZIP FT MYERS, FL 33908

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01/11/05-80005-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05

Date

289-267-6655

Daytime Phone #

Charles K. Idelson Pres 1000