


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

01-11-2006 90010 041 ***150.00

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

66000711



01032006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0065695

Applied For
Not Applicable

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

Charles K. Idelson 12800 University Drive, Suite 125 Fort Myers, FL 33912	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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, 2006 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D BECKWITH, SAMIRA K 17080 HARBOUR POINT DR #1212 FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSCH, CRAIG R PO BOX 400 FT MYERS, FL 33902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IDELSON, CHARLES K 13792 PINE VILLA LANE FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DAVID M 483 E GULF DR SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAGAN, ELIZABERTH P 6981 LAKE DEVONWOOD DR FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, LYNN A 15120 HARBOUR ISLE DR, UNIT 701 FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

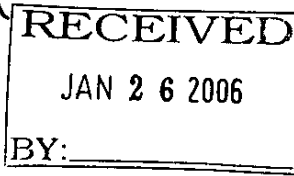
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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:  **Charles K. Idelson** **1/4/06** **(239) 267-6655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT



66000711



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2006

INVESTORS' SECURITY TRUST COMPANY
12800 UNIVERSITY DR, STE 125
FT MYERS, FL 33907

Subject: INVESTORS' SECURITY TRUST COMPANY

Reference Number: P03000143736

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

*corrected
1/26/06*

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

ATTACHMENT

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Additional Officers and Directors:

660007.11
#P030001437.36

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LUCAS, DAVID
13141 PONDEROSA WAY
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MOORE, JAMES
867 CYPRESS LAKE CIRCLE
FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SCHULTZ, DAVID
27061 MORA ROAD
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TREISE, LINDA
12740 TREELINE COURT
NORTH FORT MYERS, FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TRIPPE, GARY
1275 KASAMADA DRIVE
FORT MYERS, FL 33919