



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90019 014 ***158.75

DOCUMENT # P95000081349					
1. Entity Name INVESTORS TRUST, INC.					
Principal Place of Business 3591 FOWLER STREET FT. MYERS, FL 33911			Mailing Address P.O. BOX 6966 FT. MYERS, FL 33911		
2. Principal Place of Business 8359 BEACON BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State FORT MYERS		City & State		4. FEI Number 65-0666835	
Zip 33907		Country LEE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRONIN, THOMAS R SR 3591 FOWLER STREET FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8359 BEACON BLVD City FORT MYERS FL Zip Code 33907	
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, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	ST CRONIN, THOMAS R SR. POST OFFICE BOX 6966 N/A FT. MYERS, FL 33911	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX ALLAN E POST OFFICE BOX 6966 N/A FT. MYERS, FL 33911	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRONIN, THOMAS R JR. POST OFFICE BOX 6966 N/A FT. MYERS, FL 33911	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABODA, GERALD DR. 5285 SUMMERLIN ROAD, #101 FT. MYERS, FL 339077699	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>ALLAN E. FOX</u> ALLAN E. FOX 2/27/04 239-936-8888					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					