



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90194 042 ***158.75

DOCUMENT # P95000081349 1. Entity Name INVESTORS TRUST, INC.			
Principal Place of Business 8359 BEACON BLVD FORT MYERS, FL 33907		Mailing Address P.O. BOX 6966 FT. MYERS, FL 33911	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8359 BEACON BLVD Suite, Apt. #, etc. #201	
City & State 		City & State FT MYER, FL	
Zip 	Country 	Zip 33907	Country LEE
4. FEI Number 65-0666835		Applied For <input type="checkbox"/> Not Applicable	
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 8359 BEACON BLVD FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8359 BEACON BLVD FT MYERS, FL 33907
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8359 BEACON BLVD FT MYERS, FL 33907
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8359 BEACON BLVD FT MYERS, FL 33907
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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:  ALLAN E. FOX, PRES. , 4/25/06, 235-425-2654 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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