

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000038452 1. Entity Name ITG INC.	
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Principal Place of Business 119 108TH AVE., BOX 137 TREASURE ISLAND, FL 33706	Mailing Address 5455 4TH ST. N. ST. PETERSBURG, FL 33703
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DO NOT WRITE IN THIS SPACE



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3451729	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOVAK, EVA 5455 4TH ST. N. ST. PETERSBURG, FL 33703
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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 of officer or director or registered agent or registered agent in charge (NOTE: Registered Agent Signature must be given in block letters)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P NOVAK, ALEXANDER 10411 CIRIRROYA LANE SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD NOVAK, EVA 10411 CIRIMOYA LANE SEMINOLE, FL 33772
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02/16/04 30142-010 150.00

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: Eva Novak 02.12.2004 VICEPRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR