

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000100292

1. Entity Name
INVESTMENT TRUST COMPANY OF FLORIDA, INC.



Principal Place of Business
2731 S MAGUIRE RD.
OCOE, FL 34761

Mailing Address
2731 S MAGUIRE RD
OCOE, FL 34761

FILED
04 APR 22 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66415727

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3545426

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERLAIN, PETER L
2731 S MAGUIRE RD
OCOE, FL 34761

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, 2004 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 DCP ☐ Delete
NAME CHAMBERLAIN, PETER L
STREET ADDRESS 2731 S. MAGUIRE RD.
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Change ☐ Addition
NAME 900033800879
STREET ADDRESS 04/26/04--01010--020 **200.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JORDAN WOLF, PAMELA
STREET ADDRESS 2926 HAWTHORNE ROAD
CITY-ST-ZIP TAMPA, FL 33611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCOTT, MEREDITH
STREET ADDRESS 1615 BARCELONA RD
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MORALES, EILEEN Z
STREET ADDRESS 6415 MACLAURIN DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BATCHELOR, DICK
STREET ADDRESS 8995 CRIHTON WOODS DR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COLEMAN, WILLIAM
STREET ADDRESS 2942 LAKE PINELOCH BLVD
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #