

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100292

FILED
Jan 03, 2006
Secretary of State

Entity Name: INVESTMENT TRUST COMPANY OF FLORIDA, INC.

Current Principal Place of Business:

2731 S MAGUIRE RD
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2731 S MAGUIRE RD
OCOE, FL 34761

New Mailing Address:

FEI Number: 59-3545426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: CHAMBERLAIN, PETER L
Address: 2731 S. MAGUIRE RD.
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: JORDAN WOLF, PAMELA
Address: 2926 HAWTHORNE ROAD
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: SCOTT, MEREDITH
Address: 1615 BARCELONA RD
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MORALES, EILEEN Z
Address: 6415 MACLAURIN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: BATCHELOR, DICK
Address: 8995 CRIHTON WOODS DR
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: COLEMAN, WILLIAM
Address: 2942 LAKE PINELoch BLVD
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER CHAMBERLAIN

DCP

01/03/2006

Electronic Signature of Signing Officer or Director

Date