


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State


DOCUMENT # 326750
 1. Entity Name
 ANCLOTE MARINE WAYS INC



Principal Place of Business
 504 CHESAPEAKE DR.
 TARPON SPRGS., FL 34689-2516

Mailing Address
 504 CHESAPEAKE DR.
 TARPON SPRGS., FL 34689-2516

DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1216485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JAMES A JR
 400 CLEVELAND ST
 8TH FL
 CLEARWATER, FL 34615

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GEORGIU, STEVE 504 CHESAPEAKE PT. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GEORGIU, GEORGE M 504 CHESAPEAKE PT. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GEORGIU, FLORA 504 CHESAPEAKE PT. TARPON SPRINGS, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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] Date: 2/28/05 Daytime Phone #: 727-837-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR