


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 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**



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1216485** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, JAMES A JR  
 400 CLEVELAND ST  
 BTH FL  
 CLEARWATER, FL 34615**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GEORGIOU, STEVE
STREET ADDRESS	504 CHESAPEAKE PT.
CITY - ST - ZIP	TARPON SPRINGS, FL
TITLE	V
NAME	GEORGIOU, GEORGE M
STREET ADDRESS	504 CHESAPEAKE PT.
CITY - ST - ZIP	TARPON SPRINGS, FL
TITLE	S
NAME	GEORGIOU, FLORA
STREET ADDRESS	504 CHESAPEAKE PT.
CITY - ST - ZIP	TARPON SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

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: Steve Georgiou 1/19/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #