


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90008 026 \*\*\*150.00

<b>DOCUMENT # F36072</b> 1. Entity Name <b>ANCLOTE MARINE SUPPLY, INC.</b>	
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Principal Place of Business <b>3 OSCAR HILL RD TARPON SPRINGS, FL 34689</b>	Mailing Address <b>3 OSCAR HILL RD TARPON SPRINGS, FL 34689</b>
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**66002729**



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2095700</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHUSTER, SHARON  
3710 ELMWOOD DR.  
HOLIDAY, FL 34691**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	<b>P SCHUSTER, WILLIAM 3724 SPRING VALLEY DR NEW PORT RICHEY, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SCHUSTER, ROGER 3710 ELMWOOD DR HOLIDAY, FL 34691</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHUSTER, SHARON 3710 ELMWOOD DR HOLIDAY, FL 34691</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SCHUSTER, JUDI 3724 SPRING VALLEY DR NEW PORT RICHEY, FL 34691</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Sharon A Schuster*  
*Sharon A Schuster*

1-28-07

727-934-0794