

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 17, 2008  
Secretary of State**

DOCUMENT# F36072

Entity Name: ANCLOTE MARINE SUPPLY, INC.

**Current Principal Place of Business:**

3 OSCAR HILL RD  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

1244 N PINELLAS AVE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

3 OSCAR HILL RD  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

1244 N PINELLAS AVE  
TARPON SPRINGS, FL 34689

FEI Number: 59-2095700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHUSTER, SHARON  
3710 ELMWOOD DR.  
HOLIDAY, FL 34691      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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHUSTER, WILLIAM  
Address: 3724 SPRING VALLEY DR  
City-St-Zip: NEW PORT RICHEY, FL

Title: VP ( ) Delete  
Name: SCHUSTER, ROGER  
Address: 3710 ELMWOOD DR  
City-St-Zip: HOLIDAY, FL 34691

Title: T ( ) Delete  
Name: SCHUSTER, SHARON  
Address: 3710 ELMWOOD DR  
City-St-Zip: HOLIDAY, FL 34691

Title: S ( ) Delete  
Name: SCHUSTER, JUDI  
Address: 3724 SPRING VALLEY DR  
City-St-Zip: NEW PORT RICHEY, FL 34691

**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: S (X) Change ( ) Addition  
Name: SCHUSTER, JODI  
Address: 3724 SPRING VALLEY DR  
City-St-Zip: NEW PORT RICHEY, FL 34691

I hereby certify that the information supplied with this filing does not qualify 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: SHARON A SCHUSTER

T

09/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date