

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F36072

**FILED
May 08, 2009
Secretary of State**

Entity Name: ANCLOTE MARINE SUPPLY, INC.

Current Principal Place of Business:

1244 N PINELLAS AVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1244 N PINELLAS AVE
TARPON SPRINGS, FL 34689

New Mailing Address:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

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, JODI
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

TREA

05/08/2009

_____ Date