

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F36072

FILED  
Apr 26, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON A SCHUSTER

T

04/26/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date