


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90573 041 \*\*\*150.00

**DOCUMENT # P04000009579**

1. Entity Name  
**ANCLOTE CROSSINGS, INC.**



Principal Place of Business      Mailing Address  
**4210 W SPRUCE ST SUITE 203**      **4210 W SPRUCE ST SUITE 203**  
**TAMPA, FL 33607-4161**      **TAMPA, FL 33607-4161**

**20036710**



2. Principal Place of Business      3. Mailing Address  
**5223 Hunters Ridge Drive**      **(\*Same)**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04052005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**New Port Richey, Florida**      **(\*Same)**  
 Zip      Country      Zip      Country  
**34655**      **USA**

4. FEI Number      Applied For  
**X 54-2140804**       Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ALLEN, LEROY R**  
**4210 W SPRUCE ST SUITE 203**  
**TAMPA, FL 33607-4161**

**7. Name and Address of New Registered Agent**  
 Name      **Darren Cooper**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5223 Hunters Ridge Drive**  
 City      **New Port Richey**      **FL**      Zip Code      **34655**

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: *Darren J. Cooper*      DATE: **4/15/2005**  
Original name of current name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	STEELE, JON T	
STREET ADDRESS	4210 W SPRUCE ST SUITE 203	
CITY-ST-ZIP	TAMPA, FL 336074161	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNBURY, BRIAN R	
STREET ADDRESS	4210 W SPRUCE ST SUITE 203	
CITY-ST-ZIP	TAMPA, FL 336074161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leigh Cooper	
STREET ADDRESS	5223 Hunters Ridge Drive	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	D Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darren Cooper	
STREET ADDRESS	5223 Hunters Ridge Drive	
CITY-ST-ZIP	New Port Richey, FL 34655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Leigh Cooper*      **Leigh Cooper**      Date: **4/15/2005**      Daytime Phone #: **(727) 375-9008**