2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 10, 2004 08:00 AM DOCUMENT # P93000066358 **Secretary of State** 1. Entity Name ANCLOTE KEY REALTY, INC. Principal Place of Business Mailing Address 27 E ORANGE ST TARPON SPRINGS FL 34689 27 E ORANGE ST TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3219268 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLIMIS, GEORGE N 27 E ORANGE ST Street Address (P.O. Box Number is Not Acceptable) TARPON SPRINGS FL 34689 City Zip Code 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 eccept the obligations of registered agent. (NOTE Registered Agent signature regulared whon reinstature) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BILE Delete TITLE Change ☐ Addition PECK-KLIMIS, YVY J U00000084100 NAME NAME STREET ADDRESS 307 S SPRING BLVD STREET ADDRESS 03/10/04-80066-007 150.00 TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THELE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY - ST- Z/P TITLE Delete FIRE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CSTY - ST. 7IP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP आरह Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

FILED

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