

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F36072

**Entity Name:** ANCLOTE MARINE SUPPLY, INC.

**Current Principal Place of Business:**

1244 N PINELLAS AVE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

1244 N PINELLAS AVE  
TARPON SPRINGS, FL 34689

**FEI Number:** 59-2095700

**Certificate of Status Desired:** No

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

SCHUSTER, SHARON  
3710 ELMWOOD DR.  
HOLIDAY, FL 34691 US

*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

**Officer/Director Detail :**

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

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

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

Title S  
Name SCHUSTER, JODI  
Address 3724 SPRING VALLEY DR  
City-State-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 SCHUSTER

**TREASURER**

**03/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date