


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 326750 1. Entity Name ANCLOTE MARINE WAYS INC	
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Principal Place of Business
**504 CHESAPEAKE DR.
TARPON SPRGS., FL 34689-2516**

Mailing Address
**504 CHESAPEAKE DR.
TARPON SPRGS., FL 34689-2516**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1216485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARTIN, JAMES A JR
400 CLEVELAND ST
8TH FL
CLEARWATER, FL 34615**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GEORGIOU, STEVE 504 CHESAPEAKE PT. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GEORGIOU, GEORGE M 504 CHESAPEAKE PT. TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GEORGIOU, FLORA 504 CHESAPEAKE PT. TARPON SPRINGS, FL
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01/30/06-80043-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Steve Georgiou*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06
Date

Daytime Phone #