2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 326750

Entity Name: ANCLOTE MARINE WAYS INC

FILED Feb 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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504 CHESAPEAKE DR. 504 CHESAPEAKE DR. TARRON ARROY FL. MARRON ARROY FL. MARROY FL. MARRO

TARPON SPRGS., FL 346892516 TARPON SPRGS., FL 34689

Current Mailing Address: New Mailing Address:

504 CHESAPEAKE DR. 504 CHESAPEAKE DR. TARPON SPRGS., FL 346892516 TARPON SPRGS., FL 34689

FEI Number: 59-1216485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: GEORGIOU,STEVE, Name: GEORGIOU,STEVE, Address: 504 CHESAPEAKE PT.

TARPON SPRINGS, FL City-St-Zip: TARPON SPRINGS, FL 34689

Title: V () Delete Title: V (X) Change () Addition Name: GEORGIOU,GEORGE M, Name: GEORGIOU,GEORGE M,

 Address:
 504 CHESAPEAKE PT.
 Address:
 504 CHESAPEAKE PT.

 City-St-Zip:
 TARPON SPRINGS, FL
 City-St-Zip:
 TARPON SPRINGS, FL 34689

Title: S () Delete Title: S (X) Change () Addition

Name:GEORGIOU,FLORA,Name:GEORGIOU,FLORA,Address:504 CHESAPEAKE PT.Address:504 CHESAPEAKE PT.City-St-Zip:TARPON SPRINGS, FLCity-St-Zip:TARPON SPRINGS, FL34689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FLORA GEORGIOU S 02/09/2009