


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # 657512 1. Entity Name ANKO PRODUCTS, INC.	
---	---

Principal Place of Business 3007-29TH AVE.,E. BRADENTON, FL 34208	Mailing Address 3007-29TH AVE.,E. BRADENTON, FL 34208
---	---

DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2029314	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent VENABLE, JOSEPH P. 1400 4 AVE WEST BRADENTON, FL 34205
--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOTTKE, SHARON 9005 68 AVE E. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KOTTKE, LAWRENCE 9005 68 AVE E. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, LAURA L 27390 GOPHER HILL RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNGOVAN, ROBERT J 2511 PEBBLE CREEK PLACE PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TONER, DONALD 6991 SUPERIOR ST CIRCLE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000662284
03/21/07-80007-004 150.00

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:  L.F. KOTTKE, PRESIDENT 3/7/07 941-749-1960	Date	Daytime Phone #
--	------	-----------------