

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

01-23-2008 90008 026 ***150.00

DOCUMENT # F36072

1. Entity Name
ANCLOTE MARINE SUPPLY, INC.



Principal Place of Business

**3 OSCAR HILL RD
TARPON SPRINGS, FL 34689**

Mailing Address

**3 OSCAR HILL RD
TARPON SPRINGS, FL 34689**

66002729



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2095700	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

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 SCHUSTER, WILLIAM 3724 SPRING VALLEY DR NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUSTER, ROGER 3710 ELMWOOD DR HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHUSTER, SHARON 3710 ELMWOOD DR HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHUSTER, JUDI 3724 SPRING VALLEY DR NEW PORT RICHEY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

Sharon A Schuster
Sharon A Schuster

1-28-07

727-
934-0794