

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000005248

1. Entity Name
ANEJO, INC.



Principal Place of Business

P.O. BOX 275
LEWES, DE 19958 US

Mailing Address

P.O. BOX 275
LEWES, DE 19958 US



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0439753

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, WILLIAM S CAPTAIN
SAILFISH MARINA
98 LAKE DRIVE/ P.O. BOX 10848
PALM BEACH SHORES, FL 33419**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCSD
NAME	FISCHER, RICHARD S
STREET ADDRESS	P.O. BOX 275 NA
CITY-ST-ZIP	LEWES, DE
TITLE	T
NAME	FISCHER, RICHARD S
STREET ADDRESS	P.O. BOX 275 NA
CITY-ST-ZIP	LEWES, DE
TITLE	VP
NAME	DAVIS, WILLIAM S
STREET ADDRESS	15607 89TH AVENUE NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/05-80060-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Richard S. Fischer* **Richard S. Fischer President** 1-2605 (302) 645-9751
Signature and typed or printed name of signing officer or director Date Daytime Phone #