

ANNUAL REPORT (AR)

DOCUMENT # H14916

1. Entity Name
ANCONA LTD., INC.



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business
158 FARMBROOK ROAD
HARBOR OAKS FL 32127-6243

Mailing Address
158 FARMBROOK ROAD
HARBOR OAKS FL 32127-6243



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2432233

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANCONA, VINCENT J
697 FERNCLIFF DR
PORT ORANGE FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ANCONA, LEONARDO ☐ Delete
STREET ADDRESS 158 FARMBROOK ROAD
CITY-STATE-ZIP HARBOR OAKS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000610605
CITY-STATE-ZIP 02/02/07-80026-021 158.75

TITLE ST
NAME ANCONA, IDA ☐ Delete
STREET ADDRESS 158 FARMBROOK ROAD
CITY-STATE-ZIP HARBOR OAKS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VP
NAME ANCONA, LEONARD JR. ☐ Delete
STREET ADDRESS 158 FARMBROOK RD
CITY-STATE-ZIP PORT ORANGE FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ida Ancona IDA ANCONA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07 386-767-1613
Date Daytime Phone #