


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P01000093697	
<b>1. Entity Name</b> ANESCO MARINE, INC.	

<b>Principal Place of Business</b> 1700 DOLPHIN CT. NAPLES, FL 34102	<b>Mailing Address</b> 1700 DOLPHIN CT. NAPLES, FL 34102
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02152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1141921	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  OLDAK, HAROLD 1700 DOLPHIN CT. NAPLES, FL 34102
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**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 registering) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PDT	<b>NAME</b> OLDAK, HAROLD
<b>STREET ADDRESS</b> 1700 DOLPHIN CT.	<b>CITY-STATE-ZIP</b> NAPLES, FL 34102
<b>TITLE</b> VD	<b>NAME</b> OLDAK, JILL
<b>STREET ADDRESS</b> 1700 DOLPHIN CT.	<b>CITY-STATE-ZIP</b> NAPLES, FL 34102
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>
<b>CITY-STATE-ZIP</b>	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>
<b>CITY-STATE-ZIP</b>	
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<b>CITY-STATE-ZIP</b>	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>
<b>CITY-STATE-ZIP</b>	

U00000479572  
04/10/06-80006-012 150.00

**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:** *Jill Oldak* **3/22/06** **239-474-3929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JILL OLDAK