


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90081 004 ***150.00

DOCUMENT # P02000125392	
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1. Entity Name ANCECO CORPORATION	Principal Place of Business POST OFFICE BOX 472 HOLMDEL, NJ 07733	Mailing Address POST OFFICE BOX 472 HOLMDEL, NJ 07733
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04292005 Chg-P CR2E034 (10/03)

4. FEI Number
16-1641557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, MADIAN
1738 - 17TH AVENUE NORTH
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BLAKE, BARBARA	POST OFFICE BOX 373	HOLMDEL, NJ 07733	
VSD	BLAKE, ALEXANDER	POST OFFICE BOX 373	HOLMDEL, NJ 07733	<input type="checkbox"/> Delete
CD	WYNN, FREDERICK M	POST OFFICE BOX 373	HOLMDEL, NJ 07733	<input type="checkbox"/> Delete
D	LACY, WILLIAM J	POST OFFICE BOX 373	HOLMDEL, NJ 07733	<input type="checkbox"/> Delete
D	STAPLES, GEORGE M	POST OFFICE BOX 373	HOLMDEL, NJ 07733	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/29/05** **732-739-3410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #