

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125392

Entity Name: ANCECO CORPORATION

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

4 WALNUT HOLLOW LANE
HOLMDEL, NJ 07733

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 472
HOLMDEL, NJ 07733

New Mailing Address:

FEI Number: 16-1641557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HINES, MEYLING
2917 BUCKLEY AVENUE
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLAKE, BARBARA
Address: 4 WALNUT HOLLOW LANE
City-St-Zip: HOLMDEL, NJ 07733

Title: VSD () Delete
Name: BLAKE, ALEXANDER
Address: 4 WALNUT HOLLOW LANE
City-St-Zip: HOLMDEL, NJ 07733

Title: CD () Delete
Name: WYNN, FREDERICK M
Address: POST OFFICE BOX 472
City-St-Zip: HOLMDEL, NJ 07733

Title: D () Delete
Name: LACY, WILLIAM J
Address: POST OFFICE BOX 472
City-St-Zip: HOLMDEL, NJ 07733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COD (X) Change () Addition
Name: GAGNON, DOUGLAS
Address: POST OFFICE BOX 472
City-St-Zip: HOLMDEL, NJ 07733

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BLAKE

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date