


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90573 041 ***150.00

DOCUMENT # P04000009579 1. Entity Name ANCLOTE CROSSINGS, INC.					
Principal Place of Business 4210 W SPRUCE ST SUITE 203 TAMPA, FL 33607-4161			Mailing Address 4210 W SPRUCE ST SUITE 203 TAMPA, FL 33607-4161		
2. Principal Place of Business 5223 Hunters Ridge Drive		3. Mailing Address (*Same)			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State New Port Richey, Florida		City & State 		4. FEI Number X 54-2140804	
Zip 34655		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, LEROY R 4210 W SPRUCE ST SUITE 203 TAMPA, FL 33607-4161			7. Name and Address of New Registered Agent Name Darren Cooper Street Address (P.O. Box Number is Not Acceptable) 5223 Hunters Ridge Drive City New Port Richey FL Zip Code 34655		
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: <u><i>Darren J. Cooper</i></u> 4/15/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEELE, JON T 4210 W SPRUCE ST SUITE 203 TAMPA, FL 336074161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leigh Cooper 5223 Hunters Ridge Drive New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUNBURY, BRIAN R 4210 W SPRUCE ST SUITE 203 TAMPA, FL 336074161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Darren Cooper 5223 Hunters Ridge Drive New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Leigh Cooper</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/2005 (727) 375-9008 <small>Date Daytime Phone #</small>		

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