

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90043 032 ***150.00

DOCUMENT # P04000009579

1. Entity Name
ANCLOTE CROSSINGS, INC.



Principal Place of Business
5223 HUNTERS RIDGE DR
NEW PORT RICHEY, FL 34655

Mailing Address
5223 HUNTERS RIDGE DR
NEW PORT RICHEY, FL 34655

40016555



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2140804

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, DARREN
5223 HUNTERS RIDGE DR
NEW PORT RICHEY, FL 34655

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
COOPER, LEIGH
5223 HUNTERS RIDGE DR
NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVPS
COOPER, DARREN
5223 HUNTERS RIDGE DR
NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Leigh R. Cooper

2/3/07
Date

(727) 375-9008
Daytime Phone #