

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90038 023 \*\*\*150.00

**DOCUMENT # P04000167834**

1. Entity Name

J & S ANTHONY, INC.



Principal Place of Business

2075 FRUITVILLE ROAD #200  
SARASOTA FL 34237

Mailing Address

2075 FRUITVILLE ROAD #200  
SARASOTA FL 34237

ok



2. Principal Place of Business

769 Placid Lake Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Osprey FL

City & State

Zip

34229

Country

USA

Zip

Country

4. FEI Number

20-2024038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

WENZEL, ROBERT L  
2075 FRUITVILLE ROAD #200  
SARASOTA FL 34237

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
ANTHONY, JEFFREY T  
769 PLACID LAKE DRIVE  
OSPREY FL 34229

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
ANTHONY, SUSAN  
769 PLACID LAKE DRIVE  
OSPREY FL 34229

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
WENZEL, ROBERT L  
769 PLACID LAKE DRIVE  
OSPREY FL 34229

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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NAME  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-14-06

941-809-3808